



Asian Pacific Probation Association

P.O. Box 4294

Montebello, CA 90640

Phone: 310-944-4227

E Mail: asianpacificprobation2015@gmail.com

LACAAEA Use ONLY

Data Entry into eHR:
(Date) _____

By (Signature): _____

By (Print Name): _____

Please make sure you have completed all information on the application clearly and accurately before signing.

Employee #:	Last Name:	First Name:	M.I.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
County Department:		Job Title:		
Home Telephone:	Business/Cell Telephone:		Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retired County Employee <input type="checkbox"/> Non-County Employee	
Home E-Mail Address:		Business E-Mail Address:		
Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Business	Address (Check one): <input type="checkbox"/> Home <input type="checkbox"/> Business		City:	Zip Code:
I hereby request and accept membership in the Asian Pacific Probation Association (APPA), and authorize APPA to represent my interest as a member and/or an employee of the County of Los Angeles, and agree to abide by the rules and regulations of the Association. I further authorize APPA to instruct the County to deduct APPA dues from my paycheck (current employees only) through the Los Angeles County Asian American Employees Association (LACAAEA).				
Date _____		Signature* _____		
*Please Also Sign the Payroll Deduction Authorization Card at Bottom				

Dues Rate:

\$18.00 per month

Deduction Agency Name		EO126
Los Angeles County Asian American Employees Association		
NOT TO BE USED FOR COUNTY INSURANCE PLANS		I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO: Los Angeles County Asian American Employees Association
SELECT ONE	DEDUCTION AMOUNT PER MONTH OLD NEW	
NEW <input type="checkbox"/>	\$18.00	
REPLC. <input type="checkbox"/>	\$ \$	
CANC. <input type="checkbox"/>	\$18.00	IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME TO TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVERING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.
PAYROLL DEDUCTION AUTHORIZATION		THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THE DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.
		Date: _____
		Signature of Employee: _____