

Ventura Employees Association
A California Nonprofit Mutual Benefit Corporation

Membership Application and Designation of Representative

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #'s

Home: _____ Work: _____ Cell: _____

Employer: _____ Job Title: _____

Work

Address: _____

Email: _____ Name of Work
Location: _____

I hereby designate Ventura Employees Association (VEA) as the recognized employee organization to represent my interests with respect to all salaries, fringe benefits, hours of work, grievance matters and other terms and conditions of employment, as authorized by Section 2004 of the Personnel Rules and Regulations for the County of Ventura. By execution of this representation/authorization card, I hereby revoke any prior designation of representative I may have given to any other employee organization or union. In addition, I acknowledge that my rights and responsibilities as a Member of VEA are set forth in the Bylaws and other governing documents of VEA, and that I have been given an opportunity to examine those documents if I have so requested.

Signature: _____ Date: _____