



**A\*S\*A\*P**

**Associated Supervisory / Administrative Personnel**

**of the City of Irvine**

**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emp Number \_\_\_\_\_

Classification \_\_\_\_\_

Department     CM/GG                       CD                       CS                       PS                       PW

Section/Division \_\_\_\_\_                      Section Number \_\_\_\_\_

I, the undersigned employee of the City of Irvine, wish to be a members of the Associated Supervisory / Administrative Personnel employee association. I agree to abide by the A\*S\*A\*P Bylaws, and I authorize the A\*S\*A\*P to represent me in labor relations matters with the City of Irvine. A\*S\*A\*P provides grievance representation without charge to it's members, so long as membership is established for at least 30 days prior to the cause of action for which representation is being sought.

I authorize the City to deduct the current per-paycheck membership dues from my paycheck and transmit that money to the Associated Supervisory / Administrative Personnel employee association. I realize that dues may change with approval of A\*S\*A\*P members with ample notice, and that I may give written notice to the A\*S\*A\*P at any time to withdraw from membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:**

Please return this form to any A\*S\*A\*P director for processing. Do not send it directly to Payroll staff.

A letter of withdrawal must be received by A\*S\*A\*P to terminate membership, effective at the end of one month.

A letter is not required and membership shall automatically cease if the City promotes, demotes or terminates a member from the unit.

A\*S\*A\*P Received:

Accepted:

Entered A\*S\*A\*P data Base:

Received in Human Resources:

Entered by Payroll: