



ADDA MEMBERSHIP APPLICATION

Name: _____ Grade: I II III IV

Employee Number: _____ Status: Full Time Part Time

Mailing Address: _____

E-Mail Address: _____@_____

(Please DO NOT use County E-Mail address – County has taken the questionable position that the ADDA can not use Lotus Notes)

By signing below, I wish to join my colleagues and become a member of the Association of Deputy District Attorneys (“ADDA”), the exclusive bargaining agent for Los Angeles County Bargaining Unit 801 (a certified bargaining group representing the interests of Los Angeles County DDAs grade I – IV). I understand that my membership will be governed by the ADDA’s bylaws and any amendments thereto. I authorize the Auditor of the County of Los Angeles to deduct and pay to the ADDA monthly dues from my paycheck at a rate of .59% of top step Grade IV salary (currently \$75.30) while I am a Grade III or Grade IV or .43% of top step Grade IV salary (currently \$54.88) while I am a Grade I or Grade II. Deductions authorized by this application shall remain in effect until I cancel it by written notice, and in accordance with any applicable Memorandum of Understanding or agreement between the ADDA 801; provided however, that my obligation to pay dues may not be cancelled earlier than one year from the date this card was signed. Union dues may be considered a deductible business expense under Federal tax laws, consult with a tax adviser.

Signature

Date

ADDA Use Only:

Rec’d: _____ Processed: _____ Term: _____

rev 1/2010



ADDA MEMBERSHIP APPLICATION
AUTHORIZATION FOR ACH BANK ACCOUNT DEDUCTION

Name: _____ Grade: I II III IV

Employee Number: _____ Status: Full Time Part Time

Mailing Address: _____

E-Mail Address: _____@_____
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 Signature

 Date

Attach a Cancelled Check or Deposit Slip to this Form or provide all the information below:

Account Holder’s Name: _____
Bank Name: _____
ABA Routing Number: _____
Account Number: _____

ADDA Use Only:

Rec’d: _____ Processed: _____ Term: _____
 rev 1/2010