



Name: _____ GRADE I II III IV

Employee Number: _____ Status: Full Time Part Time

Mailing Address: _____

Email Address _____

(Please use PERSONAL email address, not your County email).

By signing below, I wish to join my colleagues and become a member of the Association of Deputy District Attorneys ("ADDADA"), an independent and the exclusive bargaining agent for Los Angeles County Bargaining Unit 801 (a certified bargaining group representing the interests of Los Angeles County DDAs Grades I-IV). I understand my membership will be governed by the ADDADA's bylaws and any amendments thereto. As a member, I am entitled to all voting rights and privileges in accordance with the ADDADA's bylaws and amendments thereto. I authorize the Auditor of the County of Los Angeles to deduct and pay to the ADDADA monthly dues from my paycheck based on a 0.6% of the gross monthly salary of my applicable Grade I, II, III, or IV level. 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 between the ADDADA 801; provided, however, that my obligation to pay dues may not be cancelled earlier than one year from the date this card was signed. Although union dues may be considered a deductible business expense, please consult a tax advisor.

Signature

Date

ADDADA Use Only:

Rec'd _____
Processed _____