COURT OFFICERS BENEVOLENT ASSOCIATION OF NASSAU COUNTY

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____ Date of Birth: _____

Member's Address: _____
Street

_____
City State Zip Code

Job Title: _____ Social Security Number: _____

Personal Email: _____ Mobile Phone: _____ Home Phone: _____

I hereby request and accept membership in the Court Officers Benevolent Association of Nassau County ("Association") and agree to be bound by the Constitution and By-Laws and amendments thereto, now in effect or subsequently enacted by the Association. I understand that the Association's Constitution and By-Laws require me to pay dues to maintain continuity of membership. My membership in the Association shall be continuous unless I notify the Secretary in writing that I intend to resign.

Signature _____ Date _____

* *By providing my personal email address, I agree to receive important information and updates from the Association via email.*

DUES ASSIGNMENT AND DEDUCTION AUTHORIZATION

I hereby assign to the Court Officers Benevolent Association of Nassau County ("Association"), from my compensation as an employee of the State of New York – Unified Court System ("Employer"), the Association's current dues amount of $20.00 bi-weekly, and any duly authorized dues increase, to be deducted in each regular payroll from my salary/wages all Association dues and other fees or assessments as shall be certified by the Association under its Constitution and By-Laws and to remit those amounts to the Association. If such payments are not made by payroll deduction and forwarded to the Association each payroll period, I understand it is my obligation as the employee to make the payment directly to the Association.

This assignment and authorization shall remain in effect and be irrevocable, regardless of whether I am or remain a member of the Association, until December 31st following the date of authorization and shall renew from year to year on January 1st unless I revoke it by sending a notarized written notice to both the Association and the Employer, postmarked and received between November 1st and November 30th by registered mail with my valid notarized signature. The Association is authorized to use this assignment and authorization with my current employer and with any other employer in the event I change employers or obtain additional employment but remain within a bargaining unit represented by the Association.

Should any provision of this assignment and authorization be adjudged unenforceable or invalid by a final decision of a court of competent jurisdiction, in order to validly effect the intended purpose, the unenforceability or invalidity of any provision shall not affect the validity of the remainder of this agreement.

Signature _____ Date _____

Print Name _____

Return by Hand to an Association Representative