



Somos Familia

Chicano Correctional Workers Association

Membership Application

Please Print Legibly – New Membership Only and For Updating Current info. Complete and return to your Chapter President or mail to the address below. Include payment if applying as an Associate Member.

Type of Membership: (please check box)

Regular Member: (State employee only) Dues: \$10.00 monthly, deducted from your pay voucher.

Associate Member: (non State employee/ Retired) Dues: \$60.00 annually.
(Re-affiliation dues are due by Jan. 31st of each year.)

Address Update only:

Chapter Name (leave blank if unknown) _____

First Name _____ Middle _____ Last _____

Address _____

City _____ CA Zip _____

Full Social Security _____ # _____ # _____

Email Address _____ Birth Month/Year _____ / _____

Home Phone # _____ Cell # _____

Occupation _____ Title _____ Job Site _____ Prison _____

Agency Number # (if known) _____
On paycheck stub

I authorize a monthly payroll deduction for the Chicano Correctional Workers Association.

Sign _____ Date _____

Recruiter _____ Chapter _____

Please keep your address up to date.

Mail to: CCWA-Membership Coordinator, P.O. Box 3680, Visalia, CA 93278