



# Chicano Correctional Workers Association Membership Application

**Please Print Clearly** – New Membership ***ONLY*** and for updating Current Information. 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 warrant.

Associate Member:  (Non - State employee / Retired) Dues: \$60.00 annually.  
(Re-affiliation dues are due by January 31<sup>st</sup> of each year.)

Address Update only:

Chapter Name (Institution) \_\_\_\_\_

**First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **California** **Zip** \_\_\_\_\_

**Full Social Security** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth Month/Year** \_\_\_\_/\_\_\_\_

**Phone Number #** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Job Site** \_\_\_\_\_ **Agency Code (if known)** \_\_\_\_\_  
Title Prison On pay stub.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recruiter:** \_\_\_\_\_ **Chapter:** \_\_\_\_\_

***Please keep your current address up-to-date-***

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

P.O. Box 3680, Visalia, CA 93278  
(559) 734-2292(CCWA)  
WWW.CCWA.NET