



# Chicano Correctional Workers Association Membership Application

Please Print Clearly – Complete and return to your Chapter President or mail to the address below.

Type of Membership: (please check box)

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

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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: \_\_\_\_\_

**Address Update only:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Associate Member:**  (non-state employee / Retired) Dues: \$60.00 annually.  
Include payment if applying as an Associate Member. (Re-affiliation dues are due by January 31<sup>st</sup> of each year.)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

For Questions Contact Membership at [Membership@ccwa.net](mailto:Membership@ccwa.net)

(559) 734-2292(CCWA)

[WWW.CCWA.NET](http://WWW.CCWA.NET)