



ASSOCIATION OF PROFESSIONAL DISABLED SERVICE EMPLOYEES

10586 W. Pico Blvd. Suite #145 Los Angeles, CA 90064

Email: apdseunion@gmail.com Web: www.apdselaborunion.org

Tel: (310) 461-9648 Fax: (323) 591-0228

THE ASSOCIATION OF PROFESSIONAL DISABLED SERVICE EMPLOYEES MEMBERSHIP FORM

Date of submission for membership application : _____

Last name (print): _____ First name (print): _____

Address: _____ Date of birth: _____

City: _____ Country: _____ ZIP: _____

Phone Home: _____ Cell: _____ Work: _____

Email: _____

Employer: _____

Classification / job title: _____

Date of hire: _____

I, _____, hereby affirm that I am a member of the Association of Professional Disabled Service Employees and that all the above information I have provided is correct. I have chosen to join APDSE freely and voluntarily. My membership entitles me to all privileges and benefits provided by the above labor organization in accordance with the National Labor Relation Labor Act and the Labor Management and Disclosure Act ("LMRDA").

Secretary / or Treasurer of APDSE received by

Date

President of APDSE received by

Date