ASSOCIATION OF PROFESSIONAL DISABLED SERVICE EMPLOYEES

1375 Sierra Bonita, Suite # 1 Los Angeles, California 90019

Email: apdseunion@gmail.com Web: apdseunion.wix.com/apdse
Tel: (858) 361-7533 Tel: (323) 591-0165

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