

**SACRAMENTO AREA SEWER DISTRICT EMPLOYEES' ASSOCIATION
MEMBERSHIP ENROLLMENT FORM**

Name: _____
Last Name First Name Middle Init.

Work location(s): ☐ EchoWater ☐ SACY ☐ NACY

Job Classification: _____

Please enroll me as a member Sacramento Area Sewer District Employees' Association (SASDEA). I authorize the Sacramento Area Sewer District to collect from my paycheck and transmit, as designated to SASDEA membership dues in the amount designated by the SASDEA (\$45 per month). The authorization will remain in effect until I send written notification to SASDEA to withdraw.

SIGNATURE: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

Optional – You can provide additional means for SASDEA to contact you:

Personal Email Address: _____

Personal Phone number: _____

Home Address: _____

City

State

Zip