

Celebrating the work and lives of California municipal employees since 1928











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Explore 1000's of discounts and exclusive 2-for-1 and 50% OFF deals at local eateries, shops, travel sites, and more. Discounts available throughout the U.S. and Canada.



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- SHOPPING
- TRAVFI

- SPORTING EVENTS
- - **BUSINESS SERVICES**

 - **SPECIAL EVENTS**
 - CAR RENTALS
- **MERCHANDISE**
- WATER PARKS
- SKI LIFT TICKETS
- SEASONAL EVENTS









































Employees Club of California

ALIFORNI

311 S. Spring St. Ste 1300, Los Angeles, CA 190013 (888) 777-1744 help@employeesclub.com

EmployeesClub.com

SLAM 2408

COUNTY OF LOS ANGELES

MEMBERSHIP APPLICATION

Exclusive Membership AVAILABLE ONLY TO LOCAL, CITY, STATE, AND MUNICIPAL GOVERNMENT **EMPLOYEES OF CALIFORNIA.**

- **Group Rated Insurance**
- **Discount Ticket Savings**
- **Free Notary Service for Club Members**
- Over 75.000 discounts on local and national eateries, travel deals, car rentals, and more!
- More Club Member Benefits Await



EMPLOYEES CLUB OF CALIFORNIA EmployeesClub.com

Celebrating the work and lives of government employees since 1928

EmployeesClub.com/Join

is processed

to Los Angeles County employees most valuable source of savings available Your Club Membership is one of the

California by offering exclusive discounts and benefits The insurance, and other membership perks. in travel, entertainment, dining, shopping, supplementa lives Employees 9 municipal government employees 9

State merchandise and apparel engagements, and official Los Angeles and California discount movies, sporting events, theme parks, exclusive Club Members have access to enhanced benefits

Email Address *

Since 1928, the Club has been celebrating the work and lives of government employees

anytime. Club membership dues can be deducted benefits will be available to you as soon as your application paycheck through the Los Angeles County Chicano Employees Club Membership is a monthly benefit that can be cancelled at Association using the attached deduction card. **ACTIVE/RETIRED EMPLOYEES** CLUB MEMBERSHIP Club of California celebrates ERSHIP #A32K74 MEMBER SINCE: 1994 JOHN HAWKINS Monthly from your the All Club work **REFERRED BY** Club Counselor: Member Name & ID: **NEW MEMBER INFORMATION** Date: Name of Association Last 4 SSN Χ Χ Χ Χ **Employees Club of California NEW MEMBER** RETURNING (Joined Previously) Middle Initial Last Name Gender Male Female City State Zip Date of Birth (MM/ DD/ YYYY) Mobile Phone Marital Status Married Single Employment Status Date of Hire (MM/ DD/ YYYY) LA County Employee ID Work Phone

Work Address

Department You Work For

First Name

Home Address

Home Phone



We agree, in consideration for and as a condition of the Los Angeles County Chicano Employees Association withholding and transmitting payroll deductions authorized by Government Code Sections 1151 and 1152, to hold harmless the Los Angeles County Chicano Employees Association (LACCEA), its officers and employees from any liability that may result from making, cancelling or changing required deductions.

Retired

Part Time

Job Title

Full Time

* The e-mail address you provide will help us communicate with you regarding updates and benefits that affects your membership. Your e-mail address will be used solely by the Employees Club of California and will not be distributed to others.

	DEDUCTION AGENCY NAME					
LOS ANGELE			S COUNTY CHICANO EMPLOYEES ASSOCIATION			E0113
DO NOT WRITE ABOVE THIS LINE						
EMPLOYEE NUMBER DEPT. NO.			EMPLOYEE LAS	EMPLOYEE LAST NAME FIRST NAME		M.I.
NOT TO BE USED FOR COUNTY INSURANCE PLANS I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE						
CHANGE INDIC.	DEDUCTION AMOUNT		DEDUCT %	DEDUCT % COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY S LOS ANGELES COUNTY CHICANO EMPLOYEES A		
	OLD	NEW	OLD NEW	LOS ANGELES (COUNTY CHICANO EMPLOYEES ASSO	JCIATION
REPL				AND/OR EMPLOYEE ORGAN TIME-TO-TIMETHE AMOUN ADJUSTMENTS IN COUNTY WITH SAID INSURANCE PL EMPLOYEE ORGANIZATION	FTHIS DEDUCTION AUTHORIZATION INCLUDES INS NIZATION DUES, I ALSO AUTHORIZETHE AUDITOR IT OFTHIS DEDUCTION AS MAY BE REQUIREDTO CO Y SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EX ANS, ORTO COMPLY WITH DUES SCHEDULES DETE IS' GOVERNING BODY IN ACCORDANCE WITH SUCH , BYLAWS, OR OTHER APPLICABLE LEGAL REQUIRE	TO ADJUST FROM OMPLY WITH KISTING CONTRACTS ERMINED BY SAID H ORGANIZATIONS'
CANC.	ic.		DEDUCTION AGENCY FOR T BY ME BY WRITTEN NOTICE	THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITHTHIS DEDUCTION AGENCY FORTHIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREETHATTHE AUDITOR, HIS AGENTS, ORTHE COUNTY ACTING UNDERTHIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY		
STOP DATE		UNIT AMOUNT		MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.		
				DATE	SIGNATURE OF EMPLOYEE	