



**YOUR SOURCE FOR THE  
CHEAPEST TICKETS IN  
CALIFORNIA!**



**TRAVEL**



**THEME PARKS**



**ATTRACTIONS**



**MOVIES**



**DINING & EATERIES**

# SAVE BIG!!

## Up to 55% OFF

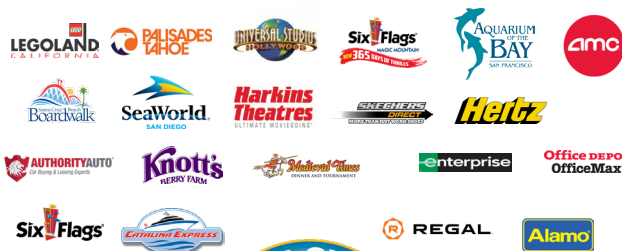
At Movies, Theme Parks, Attractions,  
Sporting Events, Theaters and  
Shows, Special Events, and More!

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.



## OVER 75,000 DISCOUNTS!

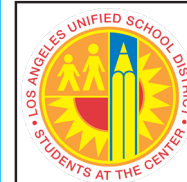
- DINING
- SHOPPING
- TRAVEL
- MOVIE THEATERS
- SPORTING EVENTS
- ATTRACTIONS
- THEME PARKS
- BUSINESS SERVICES
- SPECIAL EVENTS
- CAR RENTALS
- THEATRICALS
- MERCHANDISE
- WATER PARKS
- SKI LIFT TICKETS
- SEASONAL EVENTS



**Employees Club of California**  
311 S. Spring St. Ste 1300, Los Angeles, CA 90013  
(888) 777-1744 | help@employeesclub.com  
**EmployeesClub.com**

**EMPLOYEES CLUB OF CALIFORNIA**

## MEMBERSHIP APPLICATION



**Exclusive Membership**



**LAUSD - Association  
of Educational Office  
Employees**

- **Discount Ticket Savings**
- **Over 75,000 discounts on local and national eateries, travel deals, car rentals, and more!**
- **More Member Enhanced Benefits Awaits!**



**EMPLOYEES CLUB OF CALIFORNIA**  
**EmployeesClub.com**

Celebrating the work and lives of municipal employees since 1928

**Your Club Membership is one of the most important sources of savings available to municipal government employees in California.**

The Employees Club of California (the Club) enhances the health and wellbeing of municipal government employees and their families, by providing benefits in addition to what's administered through the employee's work site.

As a Civil Service employee, the Club honors, celebrates, and support you in achieving a happier lifestyle, both at work and at home.



**CLUB MEMBERSHIP**

**ACTIVE/RETIRED EMPLOYEES**

**MONTHLY**

**\$7.50**

Club Membership is a monthly benefit that can be cancelled at anytime. The cost for Club Membership is \$7.50 per pay period (12 times per year) or \$9.00 per pay period (10 times per year), deducted directly from your salary, combined with deductions for your membership in the Association of Educational Office Employees (AEOE-LAUSD).

**JOIN THE CLUB TODAY!**

**EMPLOYEEESCLUB.COM**

## NEW MEMBER INFORMATION

Club Counselor

Date

Government Entity (State, City, County, Municipal, etc.)

**LAUSD - Association of Educational Office Employees (AEOE)**

SSN

First Name

Middle Initial

Last Name

Home Address

City

State

Zip

Employee Number

Home Phone

Mobile Phone

Date of Birth (MM/ DD/ YYYY)

Employment Status

☐

Full Time

☐

Part Time

Date of Hire (MM/ DD/ YYYY)

Gender

☐

Male

☐

Female

Marital Status

☐

Married

☐

Single

Your Position

District/ Division

Classification Code

Email Address \*

Name of Your Supervisor/ Manager

\* 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.

## SALARY DEDUCTION AUTHORIZATION FORM

### Association of Educational Office Employees (AEOE)

Name \_\_\_\_\_

District/ Division \_\_\_\_\_

Class Code \_\_\_\_\_ Employee# \_\_\_\_\_

#### FOR OFFICE USE ONLY

Authorized Signature \_\_\_\_\_

Effective Pay Period \_\_\_\_\_

Approved by the Association of  
Educational Office Employees:

Present Deduction \$ \_\_\_\_\_

Increase or Decrease \$ \_\_\_\_\_

New Total Deduction \$ \_\_\_\_\_

To: Los Angeles Unified School District Board of Education

You are hereby authorized to make a deduction from my salary ten times a year, in the total amount indicated, for organization dues and fees or insurance premiums and transmit the deduction to Bulger, Lenardson & Associates, Inc.

You are hereby authorized to make a deduction from my salary ten times a year, in the total amount indicated, for organization dues and fees or insurance premiums and transmit the deduction to Bulger, Lenardson & Associates, Inc. If an increase or decrease is requested and the new total deduction amount (No. 6) is not filled in by me, it is understood that the increase or decrease will be added or subtracted by the (A.E.O.E.) to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases up to a maximum of \$25.00 per year and insurance premium increases not over 15% per year for the same basic coverage, may be made at the direction of (A.E.O.E.), without execution on my part of a new salary deduction authorization card only if (A.E.O.E.) verifies in writing to the District that blanket notification has been made to its membership of such increase and only if (A.E.O.E.) agrees to refund any deduction containing the increase if, requested by me in writing to (A.E.O.E.) within 30 days from the date the first increased deduction is made.

I further understand and agree that Los Angeles Unified School District Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction payment herein authorized. This authorization shall remain in force until cancelled by written notice from (A.E.O.E.) or myself.

SIGN  
HERE

LAUSD EMPLOYEE SIGNATURE

DATE SIGNED