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Employees Club of California
311 S. Spring St. Ste 1300, Los Angeles, CA 90013
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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!**

ZERO FEES
THE CLUB DOES NOT CHARGE ANY PROCESSING OR HANDLING FEES!

EMPLOYEES CLUB OF CALIFORNIA
EmployeesClub.com

Celebrating the work and lives of municipal employees since 1928

EMPLOYEESCLUB.COM

JOIN THE CLUB TODAY!

Club Membership is a monthly benefit that can be cancelled at anytime. The cost for Club Membership is $6.00 per pay period (12 times per year) or $7.20 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).

CLUB MEMBERSHIP

ACTIVE/RETIRED EMPLOYEES

$6.00 MONTHLY

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

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.

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

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	Date of Hire (MM/ DD/ YYYY)	Gender	Marital Status
☐ Full Time ☐ Part Time	/ /	☐ Male ☐ Female	☐ 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**

SLAM_V2209