

**CSEA, INC.  
LOCAL 1000/AFSCME/AFL-CIO  
143 WASHINGTON AVENUE, ALBANY, NY 12210**

**APPLICATION FOR DUES FREE /ASSOCIATE MEMBERSHIP FOR LAID OFF MEMBERS**

I certify that as a member in good standing, I \_\_\_\_\_, have been  
(Print Full Name)

laid off from my employment as of \_\_\_\_\_ and I have been placed on a preferred list for  
(Date)

rehire for \_\_\_\_\_ by my employer. The first year, I will be placed on dues  
(Job Title)

free membership and after the first year, I will become an Associate member at the cost of \$52.00 per year.

Please call the following numbers to make direct billing arrangements for insurance premium payments:

- **CSEA Employee Benefit Fund** -- Dental and/or Vision benefits -- 1-800-323-2732
- **CSEA Member Solutions Center – Insurance Dept.** -- Voluntary Term Life Insurance -- 1-800-342-4146
- **Pearl Insurance** – All other Voluntary Insurance -- 1-800-697-2732

I will notify the CSEA Member Solutions Center -- Membership Records Department of the date I return to work and will furnish CSEA with the name of my employer and my work address.

**DATE:** \_\_\_\_\_

**SIGNATURE OF MEMBER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**AREA CODE & HOME PHONE:** \_\_\_\_\_

**EMPLOYED BY:** \_\_\_\_\_

**MEM ID # OR LAST 4 OF SS#:** \_\_\_\_\_

Should you have any questions, please call Membership Records – 1-800-342-4146.

When completed, please fax to (518-465-2382), email to [membership@cseainc.org](mailto:membership@cseainc.org) or mail this form to:

CSEA, Inc.  
Member Solutions Center  
143 Washington Avenue  
Albany, New York 12210