LOS ANGELES COUNTY MANAGEMENT COUNCIL Creating and Strengthening

RUBEN MARQUEZ MARCIA MAYEDA MORTEZA MOSTAFAVI

DAVID TURLA

LOS ANGELES COUNTY MANAGEMENT COUNCIL

APPLICATION FOR MEMBERSHIP

Department:

Leaders!	Name:			
<u>OFFICERS</u>				
RUTH A. WONG,	Payroll Title:			
Brigadier General USAF (Ret.) PRESIDENT	Item No.:			
KASHARI S. JONES VICE PRESIDENT	Employee No.:			
RITA TUFENKJIAN SECRETARY	Department			
STEVEN HERNANDEZ TREASURER	Name:			
EXECUTIVE COMMITTEE	Department No.:			
JIM ALLEN ERIKA ANZOATEGU ARLENE BARRERA SHANNON DENBY	Office Mailing Address:			
LISA GARRETT JACKIE GUEVARRA – ED CHAIR		Room#		
FRED HUNGERFORD (Ret.) KEITH KNOX MCKANDY LEDGER	E-Mail Address:		_	
JONATHAN LUCAS				

Referred By:

				DEDUCTION CODE							
LOS ANGELES COUNTY MANAGEMENT COUNCIL							E0111				
						DO NOT WRITE ABOVE THIS LINE					
EMPLOYEE NUMBER DEPT.NO				EMPOYEE LAST NAME		FIRST N	FIRST NAME				
NOT TO BE USED FOR COUNTY INSURANCE PLANS						I HEREBY AUTHORIZE THE AUTHOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME N ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES. THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:					
CHANGE	ANGE DEDUCTION AMOUNT DEDUCT%				JCT%	LOS ANGELES COUNTY MANAGEMENT COUNCIL					
INDIC.	OLD	NEW		OLD	NEW	IF ALL OR ANY PORTION OF THIS	DEDUCTION AUTHORIZATION INCLUDES INSURANCE	PREMIUMS AND/OR EMPLOY	EE ORGANIZATION		
NEW NEW		8	00			DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMELY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIJING UNDER EXISTING CONTRACTS WITH SAD INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAD EMPLOYEE ORGANIZATIONS GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLANS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.					
REPL.											
	i						D REPLACES ANY PREVIOUSLY SIGNED BY ME WITH: I CANCELLED BY ME BY WRITTEN NOTICE. LEXP				
CANC.							NTY ACTING UNDER THIS AUTHORIZATION SHALL NO				
STOP DATE		LIMIT AMOUNT									
PAYROLL DEDUCTION AUTHORIZATION				DATE	SIGNATURE OF EMPLOYE	_	F 1677				

Please send the completed application and the Payroll Deduction Card to:

D'Nedra Fox LACMC - Membership 12900 Crossroads Parkway So. City of Industry, CA 91746