

# Membership Application

Please e-mail filled & signed application to colaiapa@gmail.com

[www.colaiapa.com](http://www.colaiapa.com)

~~LAÔÇÀÒÀ~~ Use ONLY

Data Entry into eHR:  
(Date) \_\_\_\_\_

By (Signature):  
\_\_\_\_\_

By (Print Name):  
\_\_\_\_\_

Please Type or Print in Black Ink

Member to Complete	Employee #:		Last Name:		First Name:			M.I.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Date of Birth:		Home Address:			City:		Zip Code:		
	Home Phone #:		Dept #:	E-Mail Address:			Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retired County Employee <input type="checkbox"/> Non-County Employee			
	Item #:		Job Title:				Date Employed:			
	Business Address:					City:		Zip Code:		
	Business E-Mail Address:						Cell Phone #:			
	<p>I hereby request and accept membership in the County of Los Angeles Indian American Professional Association (COLAIAPA) and authorize the COLAIAPA to represent my interest as a member and/or an employee of the County of Los Angeles, and agree to abide by the rules and regulations of the Association. I further authorize COLAIAPA to instruct the County to deduct COLAIAPA dues from my paycheck (current employees only) through the Los Angeles County Asian American Employees Association.</p> <p>Date _____ Signature _____</p> <p style="text-align: right;">Please sign the Payroll Deduction Authorization Card at bottom</p>									

**Dues Rates: \$2.75 per pay period**

----- Do not Detach. Mail Complete Application to COLAIAPA -----

		Deduction Agency Name					
		Los Angeles 7 ci b m5 g l U b American 9 a d c m Y Y g Association				EO126	
DO NOT WRITE ABOVE THIS LINE							
Employee Number		Dept. No.	Employee Last Name			First Name	M.I.
<b>NOT TO BE USED FOR COUNTY INSURANCE PLANS</b>							
Indicate Change	Deduction Amount			Deduct %			
	OLD	NEW		OLD	NEW		
NEW <input type="checkbox"/>							
REPLC. <input type="checkbox"/>							
CANC. <input type="checkbox"/>							
STOP DATE:			LIMIT AMOUNT				
<b>PAYROLL DEDUCTION AUTHORIZATION</b>							
<p>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 COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:</p> <p style="text-align: center;"><b>Los Angeles County Asian American Employees Association</b></p> <p>IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIMETO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVERING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.</p> <p>THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THE DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.</p> <p>Date: _____ Work Phone #: _____</p> <p>Signature of Employee: _____</p>							

**Dues/Tax Deductibility Statement:** Dues, fees, and assessments to the Los Angeles County Asian American Employees Association are tax deductible under applicable regulations regarding a 501-c(3) organization.

**FOR YOUR INFORMATION:** The focus of the County of Los Angeles Indian American Professional Association (**COLAIAPA**) is rooted in the objective of *Community Empowerment*. This concept is based upon the basic principles of community organization and recognition that Indian and Americans must participate in the representative process through participation and organization. **COLAIAPA** is a non-profit charitable and educational organization formed in March 2011. **COLAIAPA** operates through *volunteer* participation. Correspondence to the **COLAIAPA** should be directed to:  
**colaiapa@gmail.com**

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STAMP  
HERE

County of Los Angeles  
Indian American Professional Association  
E-mail filled application to  
**colaiapa@gmail.com**