



TO: Classified Membership
FROM: SOSCA Board
SUBJECT: Membership Enrollment

You are invited to join our classified employee association.

Listed below are a few ways that SOSCA has worked for you.

- Scholarships for SOSCA members
- Disability Income Protection Plan
- Prescription Cards
- Employee Assistance Program (EAP)
- Incident form revised
- Programs throughout the year
- Organizes Retirement Dinner
- Participates in Annual Orientation
- Assisted with redesign of evaluation form
- December 24 and 31 Holidays
- Casual Dress Day
- Catastrophic sick leave bank
- Increased vacation days
- And Much More!

If you are interested in payroll deduction, please complete and return this form to Payroll. If you would prefer to pay your dues on a yearly basis or have any questions, contact the SOSCA Director of Membership or other SOSCA Board Member.

Superintendent of Schools Classified Association

APPLICATION FOR MEMBERSHIP AND AUTHORIZATION FOR PAYROLL DEDUCTION

Last Name _____ **First Name** _____

Address _____ **City** _____ **CA Zip** _____

Social Security Number _____ **Effective Date** _____

I hereby authorize Kern County Superintendent of Schools to deduct from my salary or wages the monthly dues of \$1. For (10) months (September through June) for membership in the Superintendent of Schools Classified Association (SOSCA).

Member Signature _____ **Treasurer's Signature** _____ **Date** _____

Office Use Only

Deduction:

Effective _____ **Amount \$** _____ **per month** **Keyed to payroll by** _____ **Date** _____