

The CLASSIFIED ASSOCIATION
of Central Oregon Community College
2600 N.W. College Way
Bend, OR 97701

ASSOCIATION MEMBERSHIP AGREEMENT

TO: Central Oregon Community College Payroll Department

Effective immediately, I, (Name) _____
am requesting membership in the Classified Association of Central Oregon
Community College. I understand that I am not required to join, but as a
member, I will enjoy all privileges as outlined in the Constitution and By-Laws,
including voting in all Association elections.

The Association is the only body authorized to represent the Classified employees
of COCC; as such, per Article 3 (Fair Share) of the contract, the Association has the
right to withhold dues at the rate the current membership has voted on, whether
I become a member or not.

This request for membership shall remain in effect until rescinded by me.

Name: _____
(Please Print)

Signed: _____

Date: _____

**Please return this membership agreement to the Payroll Department (Newberry
Hall).**

Distribution:
Original to Fiscal Services
Copy to Classified Association Secretary
Keep a copy for your records