

**JOIN  
KASE TODAY!**



**Not meant to solicit members  
of other AFL-CIO unions.**

**KASE Membership Application**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DEPT/CABINET: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK CITY: \_\_\_\_\_

WORK COUNTY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PERSONAL (Home) E-MAIL: \_\_\_\_\_

I hereby authorize my payroll officer to deduct my KASE dues monthly in accordance with the dues structure set forth by the Kentucky Association of State Employees. This authorization is to remain in full force and effect unless revoked by me in writing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
NEW Membership

\_\_\_\_\_  
Change of Address  
or Information

**Office**  
**1-800-248-5273**

**KASE Dues are ONLY \$23.00 per month**

- Payroll Deduction:
- Monthly Bank Draft:
- Cash Pay

**Return to:  
KASE  
PO Box 4110,  
Frankfort, KY 40604-4110**