



KASE

Kentucky Association of State Employees

WEBSITE: www.kaseky.org

Phone: 502-875-2273
2194 Commercial Drive
Frankfort, KY 40601

Mail to: KASE
P.O. Box 4110
Frankfort, KY 40604-4110

KASE Membership Application

NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ COUNTY: _____

CURRENT CABINET/DEPT: _____

WORK COUNTY: _____ WORK PHONE: _____

WORK CITY: _____ JOB TITLE: _____

DUES: \$12/month
METHOD OF PAYMENT (Circle one):

PAYROLL DEDUCTION BANK DRAFT CASH (yearly payment only)

PAYROLL DEDUCTION MEMBERS:

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

Please explain how active of a member you would like to be and how you would like to be contacted about organizational events and information.

Signature: _____ DATE: _____

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