



Foothill-De Anza CENTRAL SERVICES CLASSIFIED SENATE MEMBERSHIP FORM

The Central Services Classified Senate (CSCS) is a recognized representative voice for classified employees and participates in district and college shared governance. Membership is open to all staff who support the goals of the organization. Membership and contributions support a scholarship program and activities/events throughout the year.

MEMBERSHIP INFORMATION

NAME: _____ PHONE: _____

LOCATION: ☐ De Anza ☐ Foothill ☐ District Office ☐ Plant Services/Purchasing ☐ Middlefield

DEPARTMENT/PROGRAM (Mailbox Location): _____

E-MAIL ADDRESS: _____

MEMBERSHIP (\$20.00/academic year)

PAYROLL DEDUCTION OPTION Code # 215

I, _____, would like to give the amount listed below for CSCS membership and/or the scholarship fund. (Minimum \$2.00 per month required for payroll deduction option.) Please check all that apply:

NAME (PRINT CLEARLY) _____ DATE: _____

SIGNATURE _____

EMPLOYEE ID # (Required for Payroll Deduction) _____

Please check all that apply:

____ New membership	____ Change in membership amount	<input type="checkbox"/> \$2.00/mo. <input type="checkbox"/> \$3.00/mo. <input type="checkbox"/> \$4.00/mo. <input type="checkbox"/> \$5.00/mo. <input type="checkbox"/> Other: \$ _____
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CHECK OPTION

☐ Enclosed is a check, payable to CSCS, in the amount of \$ _____ for annual membership dues. (\$20.00/academic year)

CENTRAL SERVICES CLASSIFIED SENATE SCHOLARSHIP FUND

PAYROLL DEDUCTION OPTION Code # 216

Please check all that apply:

____ New scholarship donation	____ Change in scholarship donation	<input type="checkbox"/> \$2.00/mo. <input type="checkbox"/> \$3.00/mo. <input type="checkbox"/> \$4.00/mo. <input type="checkbox"/> \$5.00/mo. <input type="checkbox"/> Other: \$ _____
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CHECK OPTION

☐ Enclosed is my tax-deductible donation, check payable to Foothill De Anza Foundation Scholarship Fund, in the amount of \$ _____.

**RETURN FORM TO DISTRICT OFFICE, Kathy Nguyen (CSCS TREASURER).
THANK YOU FOR YOUR SUPPORT!**