

SEIU Local 1000 Membership Cancellation Form

TODAY'S DATE

Dear CSEA / SEIU Membership Dept:

I wish to cancel my SEIU Local 1000 membership effective today's date.

Thank you.

SIGNATURE

PRINTED NAME

STREET

CITY

STATE

ZIP CODE

S.S.N. (LAST 4 DIGITS)

SEIU MEMBERSHIP # (OPTIONAL)

AGENCY / BARGAINING UNIT

E-mail

- To avoid possible loss of your form, choose one of the following methods:
 - Send your **SIGNED** form via regular mail to **CPPEA**, we will file your membership cancellation form in person at CSEA/SEIU Membership Dept. and will obtain a stamped copy for you.
 - To receive a proof of delivery, send your **SIGNED** form via **CERTIFIED** mail to **CSEA**.

CPPEA

P.O. Box 1436
Citrus Heights, CA 95611

CSEA / SEIU Membership Dept.

1108 "O" Street, Ste 305
Sacramento, CA 95814

- For questions, to verify the receipt of your form, or to get your membership # call **916-326-4300**.

Note: The forms must be postmarked no later than June 30, 2010.