

WATER AND POWER AFRICAN AMERICAN ASSOCIATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

(Please Print)

Name:		
Address:		
City:		
State:	Zip Code:	Phone:
Personal Email:		

EMPLOYMENT INFORMATION

Business Unit:		
Business Address:		
City:	State:	Zip Code:

Signature of applicant:	Date:
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I am interested in committee participation:	<input type="checkbox"/> Yes (see below)	<input type="checkbox"/> No
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I am interested in the following Committees:

<input type="checkbox"/> Membership/Recruitment	<input type="checkbox"/> Publicity	<input type="checkbox"/> EEO/AA
<input type="checkbox"/> Scholarship/ Awards	<input type="checkbox"/> Cultural	<input type="checkbox"/> Program Coordination
<input type="checkbox"/> Elections/ By-Laws	<input type="checkbox"/> Grievance	<input type="checkbox"/> Community Relations
<input type="checkbox"/> Historical	<input type="checkbox"/> Examinations	<input type="checkbox"/> Mentorship
<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Special Programs	<input type="checkbox"/> Professional Development/ Networking
<input type="checkbox"/> Retirement	<input type="checkbox"/> Ways & Means/ Fundraising	<input type="checkbox"/> Other _____

Goals:

- ❖ Maintain a permanent non-profit organization for the benefit of its members
- ❖ Advance the employment, educational, economic, and social welfare within the African American community
- ❖ Encourage and assist with the promotional and career advancement of its members
- ❖ Assist the Department and the City of Los Angeles with recruiting African Americans
- ❖ Encourage African American Business Enterprises to bid for Department and City of Los Angeles contracts to purchase equipment, supplies, services, etc.
- ❖ Identify and eliminate barriers to advancement
- ❖ Promote cultural awareness and community involvement
- ❖ Work with other minority organizations to promote equal employment opportunities

Our mission is to work diligently to improve the image of and respect for African Americans at DWP.

We Promote African American Achievement

EMPLOYEE NO. _____

EMPLOYEE NAME (PRINT LAST NAME FIRST) _____

PAYROLL _____

PAYROLL DEDUCTION AUTHORITY FOR PAYMENT TO
WATER AND POWER AFRICAN AMERICAN ASSOCIATION
FOR CONTRIBUTIONS

CHIEF FINANCIAL OFFICER
DEPARTMENT OF WATER AND POWER,
CITY OF LOS ANGELES

You are hereby authorized to deduct from my salary or wages that may be earned and become due me for all pay periods for which authorized deductions are made the amount initialed in the space provided and to pay the same to the Water and Power African American Association. This authorization shall be effective until cancelled by me in writing.

\$2.50 BI WEEKLY	INITIAL
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DATE _____ NEW MEMBER _____ Signature _____
The above suggestion contribution is based on 26 payroll periods per year.

NOTE: ONE TIME DONATION OF \$ _____. Please make check payable to Water and Power African American Association.