

Safeway Companies Employee Association Phoenix Division Application for Membership



We are very pleased that you would like to join the Phoenix Division SCEA! We hope that you will take full advantage of the great and fun opportunities. It is very easy. Please complete the information and submit as indicated below:

Please print:

_____	_____	_____
Last Name	First Name	MI
_____	_____	
Division or City/State	Work Location (Store # or Facility)	

Employee I.D.		

_____ YES

I wish to belong to the new Safeway Companies Employee Association. I authorize the company to withhold SCEA dues from each pay period, currently set at .50 per week. I understand that the SCEA Bylaws govern the organization and I can revoke my membership at any time.

_____	_____
Your Signature	Date

WELCOME TO THE SCEA!
Your entitlement begins immediately following receipt of the first payroll deduction

Company Mail to:

 Liz Godfrey
SCEA Phoenix Division Office
480-894-4269