



CALIFORNIA JUDGES ASSOCIATION
The Voice of the Judiciary

CJA PROFESSIONAL DUES

STATE PAYROLL DEDUCTION AUTHORIZATION

Name: _____

Phone: _____ Fax: _____

Email Address: _____

PAYROLL DEDUCTION (*Signature and Social Security Number is required*)

I authorize my employer to deduct the amount indicated below for my California Judges Association (CJA) professional dues and to transmit these payments to the Association on a monthly basis unless I revoke this authorization in writing.

Monthly Dues: Judge/Justice \$33.00

Social Security Number: _____

Signature: _____

Date: _____

Please mail or fax a copy to CJA

California Judges Association
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
Fax (916) 924-7323

Thank you!