



MEA MEMBERSHIP APPLICATION AND DUES DEDUCTION FORM

Name (Please print):	DSW#/Employee ID
Job Classification #:	Working Title:
Department Name:	
Work Address:	
Work Phone #:	Work Email:
Personal Phone #:	Personal Email:

Congratulations on your appointment and welcome to the Municipal Executives Association (MEA)! As a new member of the MEA bargaining unit you may elect to have dues deducted from your pay to support MEA's work of protecting jobs, ensuring proper classification and compensation, expanding management training and negotiating terms and conditions of employment.

DUES DEDUCTION ELECTION:

I am requesting that my employer, the City and County of San Francisco, deduct from my pay membership dues of \$40 each pay period and transfer that money to MEA. I understand that the dues amount may change in the future, however MEA members will receive notice and will vote on whether to authorize the change. I agree that the contributions authorized above shall continue and that this authorization shall automatically renew annually, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must be mailed to the MEA office, postmarked within the 30-day period immediately prior to the annual anniversary of the date I sign below.

ORGANIZATION NUMBER UND-037

Employee Signature

Effective Date/Annual Anniversary Date

Please return Form to:
 MEA 870 Market Street, Suite 840, San Francisco, CA 94102
 Tel: (415) 989-7244 Fax: (415) 989-7077 E-mail: Staff@sfmea.com