



MEMBERSHIP APPLICATION

San Diego Municipal Employees Association

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OFFICE USE ONLY

INPUT BY

INPUT DATE

SOCIAL SECURITY NUMBER		EMPLOYEE ID NUMBER		DATE OF BIRTH		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LAST NAME				FIRST NAME			M.I.
HOME ADDRESS (NUMBER, STREET, APT. NO.)			CITY		STATE	ZIP CODE	
HOME PHONE #	PERSONAL EMAIL ADDRESS				MOBILE PHONE #		
WORK ADDRESS (NUMBER, STREET, STE. NO.)			CITY		STATE	ZIP CODE	MAIL STATION
WORK PHONE #	WORK FAX #		WORK EMAIL ADDRESS				

I hereby join the San Diego Municipal Employees Association (MEA) as a full dues paying Member with all the rights and privileges thereof. I understand that as a full dues paying Member I am entitled to union representation in my employment relations with the City. Full membership includes the right to all membership meetings, the right to hold office and the right to vote. By signing below I authorize MEA to make payroll deductions to collect my MEA membership dues and other sums I may authorize for beneficial Association programs. I understand that if I terminate my MEA membership while in a bargaining unit covered by MEA's Agency Shop Agreement, my status will automatically be converted to Agency Fee Payer and the appropriate agency fee, instead of dues, will be collected from my paycheck.

Employee Signature

Date

MEA Sponsor (please print name)
** Must be an existing member. Sponsor will receive monetary compensation for new enrollments only.*

I, the above signed, understand that dues paid are not deductible as charitable contributions.