



MEA MEMBERSHIP APPLICATION

(Mr. / Mrs. / Ms.) LAST NAME FIRST NAME MIDDLE INITIAL

AGENCY-FACILITY-DEPARTMENT

JOB TITLE PERMANENT CIVIL SERVICE TITLE M-LEVEL

WORK ADDRESS FLOOR/ROOM NO. BUSINESS PHONE

HOME ADDRESS, APT. NO. CITY, STATE ZIP CODE HOME PHONE

EMAIL- WORK

EMAIL-PERSONAL

I Please enroll me as a member of the NYC Managerial Employees Association.

have completed the form below authorizing a \$14.00 bi-weekly deduction.

AUTHORIZATION FOR DEDUCTION OF DUES

Agency Budget Code	Last Four Digits of SSN	Date of Birth (MM / DD / YYYY)	Data Code	Amount
			7 4 0 0	Y 1 4 0 0

Subject to the terms and conditions set forth in the Mayor's Executive Orders Nos. 98 and 99 of May 15, 1969 and in all Executive Orders amendatory or supplemental thereto now in existence or hereafter issues, to which terms and conditions I voluntarily consent and agree, I hereby authorize The City of New York to deduct in each regular payroll from my salary or wages the sum of FOURTEEN DOLLARS (bi-weekly) and to pay over said sum to the NYC Managerial Employees Association in payment of my dues in the above captioned employee organization, on condition that said employee organization pay to The City of New York all costs and expenses determined by The City of New York as incurred by the City in connection with carrying out the plan authorized by said Orders. There shall be no change in the amount of the dues' deduction without due prior notice to the undersigned employee member. I have revoked any other authorization to deduct organizational dues I may have heretofore conferred on any organization from any payroll. This authorization shall terminate and cease not later than six weeks after the NYC Managerial Employees Association has received written notification from me revoking and canceling same.

Signature of Employee Date

Print Full Name

PLEASE RETURN TO:

NEW YORK CITY MANAGERIAL EMPLOYEES ASSOCIATION
 42 Broadway, Suite 1945, New York, NY 10004
info@nycmea.org | 212.964.0035 | www.nycmea.org