



Application for Membership

Municipal Construction Inspectors Association
205 S. Broadway St., Suite 508
Los Angeles, Ca., 90012 213-620-1402
(please print clearly)

Name _____ City ID # _____
Date of Birth _____
Home Address _____
City _____ Zip Code _____
Home Phone _____ Work Phone _____
City email _____
Personal email (optional) _____
Department _____ Division _____
Civil Service Title _____
Date of Hire _____ Work Location _____
Name of Beneficiary _____ Relationship _____
Address of Beneficiary _____
City _____ Zip Code _____

I hereby authorize the deduction of ½ of 1% of my monthly salary to cover my membership and benefit premiums for the Municipal Construction Inspectors Association, Inc. If at any time the amount of said charges should be changed, I hereby authorize the deduction from my salary or wages and the payment to the Municipal Construction Inspectors Association, Inc. for this purpose, such sum as may be specified in the revised by-laws. This authorization shall be effective until cancelled by me in writing.

Signature _____ Date _____