



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 _____

Work Phone _____ Cell Phone _____

City email _____

Personal email (optional) _____

Current Department _____

Civil Service Title _____

Date of Hire _____ Work Location _____

Prior City Employment Department _____

Last Date at Prior Department _____

Complete section below to accept the MCIA member death benefit

Name of Beneficiary _____ Relationship _____

Address of Beneficiary _____

City _____ Zip Code _____

I voluntarily apply to join the MCIA and become a member, and further authorize MCIA to act as my exclusive representative. I agree to be bound by the existing MCIA bylaws and the Memorandum of Agreement in effect at this time, and any successor MOU's negotiated by the MCIA.

I hereby request and authorize the City to deduct from my earnings $\frac{1}{2}$ of 1% of my by-weekly salary and pay to the MCIA the regular by-weekly premium for the Municipal Construction Inspectors Association, Inc. dues. 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 automatically be renewed as an irrevocable checkoff from year to year until I have so cancelled it by me in writing on the current "MCIA Withdrawal Form" following procedures implemented by the MCIA membership committee.

Signature _____ Date _____