



## 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 \_\_\_\_\_