



SANTA MONICA MUNICIPAL EMPLOYEES ASSOCIATION

NEW EMPLOYEE MEMBERSHIP FORM

Select One Option

I, _____, would like to be a member of the Santa Monica Municipal Employees Association and hereby authorize the City of Santa Monica to deduct the dues amount designated by the Association from my paycheck as Association dues.

I, _____, DO NOT want to be a member of the Association and understand that by declining membership I am waiving my right to vote during contract negotiations and on all Association business. As a Non-Member, I understand that am I NOT eligible to receive any Member-Only benefits, such as CEA services. I further acknowledge that, as a Non-Member, the Association will still represent me in collective bargaining. But if I ever have any need for direct representation (e.g., discipline or grievances) I may be asked to join as a member and pay back dues, or I may be asked to pay a service fee.

Signed: _____ Date: _____

Print Name: _____

City Employee ID Number: _____ Home/Cell Number: _____

Personal Email: _____

Current member dues: \$25 per month

Return form to meamailbox@santamonica.gov or any Board Member.