



MEA MEMBERSHIP APPLICATION

NAME (Please print):	
Classification #	Title:
Working Title:	
Department:	
Business Address:	
Business Phone #	Fax/Email:
Home Address:	
Home Phone:	Home Fax/Home Email:
DATE OF APPOINTMENT TO PRESENT POSITION:	
Do you want the Newsletter and MEA announcements sent to your HOME address or HOME Email?	

I hereby apply for membership in the Municipal Executives' Association

Signature

Date

Please return Membership Application and Dues Deduction Authorization forms to:
MEA 870 Market Street, Suite 460, San Francisco, CA 94102
Tel: (415) 989-7244 Fax: (415) 989-7077 E-mail: Staff@sfmea.com