



## MEA MEMBERSHIP APPLICATION

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

**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 840, San Francisco, CA 94102  
Tel: (415) 989-7244 Fax: (415) 989-7077 E-mail: Staff@sfmea.com