

**MODESTO CONFIDENTIAL & MANAGEMENT ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Membership: Membership in the Association is open to all employees of the City of Modesto employed in designated management and confidential positions and retirees therefrom. Regular (voting) membership is restricted to those employees of the City of Modesto who are actively employed in a classification represented by the Association.

Objectives: The objectives of the Association are to represent and secure for all members adequate compensation and working conditions through collective bargaining; provide for the common welfare of the membership; engage in labor-management relations for the benefit of the members; and to secure professional assistance to further pursue these objectives.

Non-Discrimination: The Association does not discriminate against any member on the basis of race, color, creed, national origin, sex, age, marital status, political affiliation, sexual orientation, medical condition or physical condition.

**AUTHORIZATION FOR DEDUCTION
OF VOLUNTARY PAYMENT OF EMPLOYEE ORGANIZATION FEES**

TO: City of Modesto – Director of Finance

I hereby authorize you to withhold from my regular pay a total of \$16.92 per bi-weekly pay period, as dues for the Modesto Confidential & Management Association (MCMA) and direct you to transmit the established sum to the Association. I understand that \$4.46 per pay period will be directed to the Association’s general fund and \$12.46 per pay period will be directed toward professional representation provided through the Association. Further, I consent to the adjustment of such deductions to reflect any change in fees or dues of which the Finance Director may be advised by MCMA. This authorization shall be effective the next pay period following receipt of the authorization by the Department of Finance and shall continue in full force and effect until revoked in writing.

Print Name	Dept/Division	Job Classification
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Home Address	City/Zip Code	Home Telephone
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Signature	Date
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**RETURN COMPLETED APPLICATION TO MCMA PRESIDENT OR
ANY BOARD MEMBER**

Original: Finance Department

Copy 1: MCMA Treasurer

Copy 2: Member