

COUNTY OF SANTA CRUZ
MIDDLE MANGEMENT ASSOCIATION DUES AUTHORIZATION FORM

EMPLOYEE NAME _____

EFFECTIVE DATE _____
(beginning of the pay period in which dues are authorized)

PAY PERIOD _____

DEPT NO. _____ EMPLOYEE NO. _____ DEDUCTION CODE _____X

Amount of Authorization

Payroll deductions will be as follows:

Middle Management Association Unit - \$5.00 per pay period.

Please Read Carefully

You have been appointed to a class for which the Middle Management Association is the exclusive bargaining unit. The Middle Management Association (MMA) and the County of Santa Cruz have entered into a Memorandum of Understanding. Under the MOU, you may choose to join the Association which represents your classification and to participate as a member. You may authorize or revoke membership at any time.

If you would like to become a member of the Middle Management Association and authorize the payment of dues to the Association, please check the box below:

I hereby authorize the County of Santa Cruz to take the above deduction from my payroll checks.

If you are a current member of the Middle Management Association and would like to revoke your membership in the Association and revoke authorization of dues, please check the box below:

I hereby authorize the County of Santa Cruz to remove the above deduction from my payroll checks.

Employee Signature _____ Date _____