

# SAN JOAQUIN MOSQUITO EMPLOYEES ASSOCIATION

## APPLICATION FOR MEMBERSHIP

**MEMBERSHIP:** Membership in the Association is open to all employees of the San Joaquin County Mosquito and Vector Control District who are employed in a classification that is designated to be 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; to 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, ancestry, religion, creed, sex, national origin, marital status, age, physical or mental disability or perceived disability, medical condition, pregnancy related condition, sexual orientation or political affiliation.

**MAINTENANCE OF MEMBERSHIP:** Pursuant to Section 1.2 of the Memorandum of Understanding between the Association and the District, a member of the Association must maintain their membership in good standing during the remaining term of the Memorandum of Understanding.

**AGENCY SHOP:** An agency shop arrangement has been put into place whereby all represented employees must either join the Association or pay an agency fee as a condition of employment. Pursuant to SJMEA's bylaws, only active members are entitled to participate in Association activities; hold elected or appointed office, or, vote on matters before the Association, including contract agreements with the District (Memorandums of Understanding). Employees who are "agency fee payers" are not active members of the Association but are required to pay an agency fee.

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

TO: SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT

I hereby authorize you to withhold from my regular pay a total of \$25.00 per bi-weekly pay period, as dues for the San Joaquin Mosquito Employees Association and direct you to transmit the established sum to the Association. I understand that \$1.00 per pay period will be directed to the Association's general fund, \$3.00 will be directed to the Association's legal fund and \$21.00 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 San Joaquin Mosquito Employees Association may advise the District. This authorization shall be effective the current pay period and shall continue in full force and effect until revoked pursuant to the provisions of the Memorandum of Understanding between the District and the Association.

Tiffany Anderson  
Print Name

306  
Employee Number

5-8-08  
Date

[Signature]  
Signature

1416 Iris Drive #7  
Address

Locki 95242  
City Zip

MAKE 2 COPIES OF COMPLETED APPLICATION

Original: District/San Joaquin Auditor-Controller Copy 1: SJMEA Treasurer Copy 2: Member