



Butte County Management Employees Association

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Department: _____

Position: _____

Employee Number: _____ Hire Date: _____

Phone: _____ Contact Email _____

Reference

Please list name of employee who referred you. (N/A if not applicable)

Name: _____ Email: _____

Department: _____ Phone: _____

Disclaimer and Signature

I acknowledge that my position falls within the Teamsters-Mid Management Unit.

I wish to become a member of the Butte County Management Employees Association (BCMEA) and will participate in actives related to uniting county management and supervisory employees in order to improve quality of services and develop a higher degree of efficiency and proficiency in my professional role.

I understand that membership in the Association is voluntary and will continue to remain in effect until I give written 30 day(s) notice to withdraw my membership to take effect or separation from County employment occurs.

I agree to pay BCMEA annual dues effective and prorated the first day of the calendar month in which their membership is accepted:

Effective January 1, 2024 the annual dues shall be zero dollars (\$0.00)

Effective January 1, 2025 the annual dues shall not exceed \$120.00 annually, unless approved by a majority of the Association members.

Annual dues are to be made payable to:

BCMEA 2413
P.O. Box
Oroville, CA 95965

Resignation of a member does not relieve the member from any obligation for charges incurred or services rendered. No refunds of Association dues shall be made to any person who becomes ineligible for continuing membership.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____