

Morgan Hill Classified Employees Association

New Member Form

Name: _____

Home/Mailing Address: _____

Primary Phone Number: _____

Personal Email Address: _____

Job Title: _____ Site: _____

Date of Employment: _____

I authorize the Morgan Hill Classified Employees Association (MHCEA) to deduct Association dues from my monthly payroll check in the amount of .75% (or any amount thereafter that is determined by majority vote).

I understand that this deduction means that I am an Association Member and accept MHECA as my exclusive bargaining unit representative while employed with the Morgan Hill Unified School District.

By signing this form, I am bound to a minimum of one year of membership in MHCEA, from the date of signing, unless my employment with MHUSD ends prior to one year. If I choose to remain a member of MHCEA after the one year requirement, no renewal is required.

I authorize the association to use my personal mailing address, e-mail and phone number information on file to contact me for Association business.

Employee

Signature: _____

Date: _____

President - Dusty Cline mhceapres@gmail.com

Vice President - Kim Dehn mhceavp@gmail.com

Secretary - Nancy Herrera mhceasecretary@gmail.com

Treasurer - Jo Vo treasurermhcea@gmail.com

Please turn in completed form to Payroll or your MHCEA site rep. Thank you