

**IF YOU ARE AN ACTIVE NON REPRESENTED MTA EMPLOYEE
AND WOULD LIKE TO JOIN OUR ASSOCIATION, PRINT OUT APPLICATION,
FILL OUT ALL INFORMATION AND MAIL TO THIS ADDRESS:**



**Transit Managerial Benevolent Association
P.O. Box 570087
Whitestone, NY 11357-0087**

TRANSIT MANAGERIAL BENEVOLENT ASSOCIATION (TMBA)

I hereby authorize regular payroll deduction of my association dues by the Metropolitan Transportation Authority (MTA), (respective payroll dept. of agency checked below) in such amount as may, from time to time, be certified by the Association as the bi-weekly dues, which amount shall be paid to the Treasurer of the Transit Managerial Benevolent Association on condition that such organization pays to the MTA such amount toward the cost and expense incurred by MTA in connection with carrying out the plan authorized by said resolution, as may be fixed and determined by the MTA. This authorization shall become effective by MTA (agency) with the next payroll period after receipt of this authorization, and shall remain in effect unless written notice of revocation is sent by me to the TMBA, in which case it shall be terminated as soon as feasible but in no event later than 30 days after receipt of such written notice by the TMBA.

Signature of Employee: _____

Please Print Full Name: _____

Title: _____ Department: _____

Pass #: _____ BSC #: _____ Today's date: _____

Check appropriate box:

- NYC Transit MABSTOA MTA Bus LIRR Metro North RR
 Staten Island Railway MTA Bridges & Tunnels MTA HQ

THIS PORTION MUST BE FILLED OUT ALSO

Print Full Name: _____

Last 4 digits Soc Sec #: _____ Original Appointment Date: _____

Managerial Appointment Date (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Pass #: _____ BSC #: _____ Date of Birth: _____

Personal Tel #: _____ Work Tel #: _____

If you hold a non-represented title, other than Manager, please check here

MEMBERSHIP DUES ARE NOT TAX DEDUCTIBLE TMBA DOES NOT SHARE ANY MEMBER INFORMATION