



APPLICATION FOR MEMBERSHIP

Name _____
Title _____
Department _____
Employee Identification # _____
Business Phone _____
County Mail Code _____
E-Mail/Work _____
E-Mail/Personal _____

Home Address for correspondence:

Street _____
City _____
Zip _____
Home Phone Number _____

Regular Membership

_____ Check here if you are a manager in a Department other than County Counsel (032)

_____ Check here if you are a manager in County Counsel (033)

**I want to be a member of the
Sacramento County Management Association
with dues of \$10.00 per pay period.**

Signature _____ **Date** _____

*WERE YOU RECRUITED BY ANOTHER SCMA MEMBER? IF SO PLEASE
PROVIDE THEIR NAME:*

**PLEASE COMPLETE THIS FORM AND THE PAYROLL DEDUCTION FORM
AND MAIL TO SCMA (P.O. BOX 2967, SACRAMENTO, CA95812)**