



APPLICATION FOR MEMBERSHIP

Name _____
Title _____
Department _____
Social Security Number _____
Business Phone _____
County Mail Code _____
E-Mail Address/Work _____
E-Mail Address/Personal _____

Home Address for correspondence:

Street _____
City _____
Zip Code _____
Home Phone Number _____

Associate Membership vs Regular Membership

_____ Check here if you are a department or agency head

_____ Check here if you are a manager in the Department of County Executive, Board of Supervisors, County Counsel, or the Human Resources Agency

_____ Check here if you are a manager in the California Superior Court, County of Sacramento

**I want to be a member of the Sacramento County Management Association
with dues of \$1.50 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
SEND TO NANCY GUST AT MAIL CODE 04-293**