



**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:*

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**PLEASE COMPLETE THIS FORM AND THE PAYROLL DEDUCTION FORM AND SEND TO NANCY GUST AT MAIL CODE 04-293**