



# Sacramento County Management Association

## APPLICATION FOR MEMBERSHIP

Name	
Title	
Department	
Employee ID #	
Business Phone	
County Mail Code	
E-Mail / Work	
E-mail / Personal	
	<b>HOME ADDRESS FOR CORRESPONDENCE</b>
Street	
City	
Zip	
Home Phone #	

### 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 per pay period.**

<b>Signature:</b>	<b>Date:</b>
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**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 MAIL TO  
Victoria Deloney - Mail Code 42-500**

**SACRAMENTO COUNTY MANAGEMENT ASSOCIATION (SCMA)  
Membership Dues Deductions Authorization**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Rep Unit (032 or 033): \_\_\_\_\_ Dues Amount (per pay period): \$10.00

**Type of action:**

Initial Sign Up

OR

Cancel Deduction for

Pay Period Effective: \_\_\_\_\_

**Union Deductions**

By completing and signing this form, I hereby authorize the SCMA to have the County of Sacramento deduct each payday the sum indicated above as certified by my Representation Unit as the current dues deduction, or an amount as may hereafter be established by the Representation Unit as the current dues deduction or fair share fee; and remit the same to my Representation Unit. This authorization shall be effective until revoked by written notice to SCMA. I agree to hold the SCMA harmless from all claims, demands, suits or other forms of liability that may arise against the SCMA for or on account of the deduction from my wages.

**Employee Signature and Date**

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