

Dallas Region Management Association



Arkansas – Louisiana – New Mexico - Oklahoma - Texas

Membership Application

I wish to become a member of the Dallas Region Management Association. I understand that dues are currently \$5.00 per pay period. Attached is Form SF-1187 authorizing payroll deductions. Inclusion of my home address and e-mail will allow internal Management Society material to be sent to my home on occasion.

Full Name:

Title:

Date:

Office Name and Office Code:

Office Mailing Address:

Telephone:

Work E-Mail:

Home Address:

Home E-mail:

Please email this application and the SF-1187 (on the next page) to your local Vice President (VP).

You can find your local VP at the following site: [Dallas Region Management Association \(DRMA\)](#).

**REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION
FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES**

SECTION A – AUTHORIZATION BY EMPLOYEE

I HEREBY AUTHORIZE THE BELOW NAMED AGENCY TO DEDUCT FROM MY PAY EACH PAY PERIOD THE AMOUNT CERTIFIED AS THE REGULAR DUES OF THE DALLAS REGION MANAGEMENT ASSOCIATION (DRMA) AND TO REMIT SUCH AMOUNTS TO THAT EMPLOYEE ORGANIZATION IN ACCORDANCE WITH ITS ARRANGEMENTS WITH MY EMPLOYING AGENCY. I FURTHER AUTHORIZE ANY CHANGE IN THE AMOUNT TO BE DEDUCTED WHICH IS CERTIFIED BY THE BELOW NAMED EMPLOYEE ORGANIZATION AS A UNIFORM CHANGE IN ITS DUES STRUCTURE.

I UNDERSTAND THAT THIS AUTHORIZATION WILL BECOME EFFECTIVE THE PAY PERIOD FOLLOWING ITS RECEIPT IN THE PAYROLL OFFICE OF MY EMPLOYING AGENCY. I FURTHER UNDERSTAND THAT REVOCATION FORMS (STANDARD FORM #1188) ARE AVAILABLE FROM MY EMPLOYING AGENCY AND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY FILING THIS FORM OR ANY OTHER WRITTEN REVOCATION REQUEST WITH THE PAYROLL OFFICE OF MY EMPLOYING AGENCY. SUCH REVOCATION WILL BE EFFECTIVE WITH THE FIRST FULL PAY PERIOD FOLLOWING MARCH 1ST OR SEPTEMBER 1ST OF ANY CALENDAR YEAR WHICHEVER DATE FIRST OCCURS AFTER THE REVOCATION IS RECEIVED IN THE PAYROLL OFFICE.

SIGNATURE	DATE

SECTION B – REQUEST BY ORGANIZATION

NAME OF EMPLOYEE (PRINT LAST, FIRST, MIDDLE NAME):		
ADDRESS:		
SSN:	DATE:	TIMEKEEPER NUMBER:
AGENCY:		

FOR USE BY EMPLOYEE ORGANIZATION: DALLAS REGION SOCIAL SECURITY MANAGEMENT ASSOCIATION		
I HEREBY CERTIFY THAT THE REGULAR DUES OF THIS ORGANIZATION FOR THE ABOVE NAMED MEMBER ARE CURRENTLY ESTABLISHED AT \$5.00 PER BI-WEEKLY PAY PERIOD.		
SIGNATURE OF AUTHORIZED OFFICIAL:	TITLE:	DATE: