



San Francisco Region Management Association

New Member Application

Complete this form, electronically sign, and date the bottom of the form. Email the completed form to your Area Vice President (AVP). Press click [here](#) to see who your current SFRMA AVP is.

APPLICANT INFORMATION

Full Name:

Current Position Title:

Home Address:

Home/Personal Email (optional):

*Some information from our lobbyist is not shared over the work email system. If you would like to be included in the home email network, please provide your home/personal email address.

OFFICE INFORMATION

Office Name and Code:

Office Address:

Phone Number:

Area:

Timekeeper Number:

AUTHORIZATION FOR DUES WITHHOLDING

I hereby authorize the Social Security Administration (SSA) to deduct from my pay each pay period, the amount certified as the regular dues of the SFRMA and to remit such amount to SFRMA in accordance with its arrangement with SSA. I further authorize any change in the amount to be deducted which is certified by the above employee organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office of my employing agency. I further understand that the revocation form, Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency. Such cancellation will not be effective however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

ELECTRONIC SIGNATURE:

DATE:

As specified above, email the completed application to your AVP. Click [here](#) to see who your AVP is.