

APPLICATION FOR MEMBERSHIP

1. The purpose of this Association shall be to bring into one body all qualified and eligible personnel employed by the Federal Government.
2. The objective of this Association shall be to increase the efficiency of the managerial force; promote the social, intellectual, and material welfare of the membership; establish mutual understanding, respect, and working relationships with responsible representatives of community, city, county, state, and federal governments; promote, support, and defend legislation clearly beneficial to the membership and to the nation; oppose vigorously legislation clearly detrimental to the welfare of the membership and the nation's security and in every endeavor promote justice, maintain integrity, and assure equality for all.
3. This body shall be known as the Federal Managers Association, Chapter 19.
4. I hereby apply for membership in Chapter 19 of the Federal Managers Association, pledging myself to abide by the Constitution, By-laws, and regulations of this Association; to be loyal to the Government of the United States and the Federal Managers Association. I will notify the First Vice President if there is a change in my membership.

NAME BADGE NO.

CODE POSITION TITLE

HOME ADDRESS (Street and Number) CITY/STATE/ZIP CODE (including 4 digits)

BUSINESS NO. HOME NO. BIRTHDAY

e-mail address		Congressional District	(1 st or 2 nd)
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Regular Member (\$156 per year): Payroll Deduction (\$ 6 per pay period) or Cash
 Associate Member (\$156 per year): PHFCU Allotment (\$ 13 per month) or Cash
 Retiree Member (\$78 per year): PHFCU Allotment (\$ 6.50 per month) or Cash

(Attach appropriate form for deduction of dues: SF 1187 for payroll deduction or PHFCU Bill Payment Application for PHFCU allotment. New member shall also submit a check for dues covering two pay periods or one month dependent on the dues payment method selected. Checks shall be made out to FMA, Chapter 19.)

DESIGNATION OF BENEFICIARY (Name of person(s) to receive benefit in case of death)

NAME RELATIONSHIP PERCENT

SIGNATURE OF APPLICANT	DATE	FMA SPONSOR
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