

FMA

Shipyard/Area

Chapter 19, Pearl Harbor

Federal Managers Association

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 (Zip + 4 digits) _____

BUSINESS NO. _____ HOME NO. _____ BIRTHDAY _____

e-mail address		Congressional District	(1 st or 2 nd)
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Regular Member (\$182 per year): [] Payroll Deduction (\$ 7 per pay period) []
 Associate Member (\$182 per year): [] PHFCU ACH or BP (\$ 15 per month) []
 Check or Cash (\$ 182 per year) []

Retired Member (\$78 per year): [] PHFCU ACH or BP (\$ 6.50 per month) []
 Check or Cash (\$ 78 per year) []

(Attach: SF 1187 for PHNS payroll deduction, or arrange for payment from PHFCU Bill Payer online (BP) or Automated Check (ACH) withdrawal from your PHFCU account, or Cash for the calendar year. **If using payroll or PHFCU account, new member shall also submit advance dues covering one month (\$15).** Make checks payable to FMA, Chapter 19.)

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

NAME _____ RELATIONSHIP _____ PERCENT _____

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SIGNATURE OF APPLICANT	DATE	FMA SPONSOR
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Orig: 1st VP

cc: Treasurer

Revised: 01/26/2011