FMA ***Chapter 19, Pearl Harbor Shipyard/Area***

Federal Managers Association

APPLICATION FOR RETIREE 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 retiree 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 Chapter if there is a change in my membership information.

NAME

CODE (Retired From) POSITION TITLE (Last Position Held)

HOME ADDRESS (Street and Number) CITY/STATE/ZIP-Plus 4

CELL NO. HOME NO. BIRTHDAY

PERSONAL EMAIL CONGRESSIONAL DISTRICT

MEMBERSHIP PAYMENT OPTIONS;

OPTION #1 - Retired Lifetime Membership

☐ National Dues: $250.00 (one-time charge); and Chapter Dues: ☐ $72.00/annual or ☐ $6.00/month

OPTION #2 - Retired Non-Lifetime Membership(Includes National and Chapter Dues):

☐ $144.00/annual or ☐ $12.00/month (PHFCU Allotment)

(Attach appropriate form of payment for membership dues. Note: PHFCU Bill Payment Application for PHFCU allotment ($12.00 or $6.00) must be processed by member directly. For personal/bank check, please make the check payable to FMA,Chapter 19 in the amount of $250.00, $144.00 or $72.00, as applicable.

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

NAME RELATIONSHIP PERCENT

DATE:

Signature

Orig: 1st VP cc: Treasurer Revised: 12/20/2023