



MOTOR VEHICLE MANAGERS & SUPERVISORS ASSOCIATION MEMBERSHIP APPLICATION

FULL NAME: _____

SOCIAL SECURITY # _____

DATE OF BIRTH: _____ Male Female

CLASSIFICATION: (Mgr. I, II, III, etc.) _____

Complete Office Mailing Address: _____

Reporting Unit (RU) Number: _____

Complete Home Mailing Address: _____

Phone Numbers: OFFICE: (____) _____ HOME/CELL (____) _____

Office E-Mail: _____ Home E-Mail: _____

AGREEMENT AND CERTIFICATION

Please enroll me as a member of the Motor Vehicle Managers & Supervisors Association (MVMSA). I agree to Abide by its Constitution and By-Laws, support its objectives, and pay such dues as may be approved by the Executive Board.

1. I understand MVMSA dues are paid monthly by Payroll Deduction (dues are \$25 per month).
2. This application authorizes deduction from my salary in accordance with the Rules and Regulations of the State Controller's Office.

SIGNATURE

DATE

Mail to:

Motor Vehicle Managers and Supervisors Association
ATTN: Membership Chair
P. O. Box 188099
Sacramento, California 95818-0899

MVMSA USE ONLY

Date Received: _____

Bens/Welcome: _____

SCO Date: _____