



**SJCMA**  
P.O. Box 515  
French Camp, CA 95231

vm: 209-910-3033  
sjcmaorg@gmail.com

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**SAN JOAQUIN COUNTY MANAGEMENT ASSOCIATION**  
**Membership Application - Authorization for Deduction**

I hereby apply for membership in SJCMA. By becoming a member of SJCMA, I hereby designate SJCMA as my representative in all matters of collective bargaining. I also hereby authorize SJCMA to have deducted from my regular salary or wages such sum designated as dues in accordance with the bylaws of SJCMA. I understand that this authorization may be subject to maintenance of membership. This authorization is in effect upon receipt by SJCMA. For withdrawal of membership please refer to \*SJCMA Bylaws Article IX, Section 5.

Name: \_\_\_\_\_, \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(Last) (First)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Department Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Job Classification/Name: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*SJCMA Bylaws Article IX, Section 5: Persons who join SJCMA as a dues paying member, shall remain members of SJCMA until they leave employment or move to another unit. SJCMA members that wish to withdraw membership, must do so not earlier than ninety (90) days nor later than sixty (60) days prior to the expiration of the current contract (MOU).

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