

California Association of Managers and Supervisors

MEMBERSHIP APPLICATION

NAME (last, first, initial): _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ M/F _____

CLASSIFICATION: _____

DEPARTMENT: _____

ADDRESS: (Home) _____

(E-Mail) _____

(Office) _____

(E-Mail) _____

PHONE NUMBER(S): WORK () _____ HOME () _____

WK CELL () _____ PRIVATE CELL () _____

AGREEMENT AND CERTIFICATION: Please enroll me as a member of the California Association of Managers and Supervisors (**CAMS**). I agree to abide by its laws, support its objectives, and pay such dues as may be approved by its membership.

I understand that **CAMS** dues are paid monthly by payroll deductions (\$31.00 monthly). This Application authorizes deductions from my salary in accordance with the rules and regulations of the State Controller's Office.

SIGNATURE

DATE

Mail: California Association of Managers and Supervisors (**CAMS**)
1401 21st Street, Suite 320
Sacramento, CA 95811

Fax: 1-916-446-3292

Email: Lsvet@aol.com