



Motor Vehicle Managers and Supervisor's Association

MEMBERSHIP APPLICATION

FULL NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ **Male** _____ **Female** _____

CLASSIFICATION: _____

OFFICE ADDRESS: _____ **RU#** _____

HOME ADDRESS: _____

PHONE NUMBER: OFFICE () _____ HOME () _____

MAIL MVMSA LITERATURE TO: HOME _____ OFFICE _____

AGREEMENT AND CERTIFICATION

Please enroll me as a member of the Motor Vehicle Manager's and Supervisor's Association. I agree to abide by its laws, support its objectives, and pay such dues as may be approved by its membership.

1. I understand that MVMSA dues are paid monthly by payroll deduction (dues are \$20).
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 Manager's and Supervisor's Association
Attn: Membership Chairperson
4920 Freeport Blvd., Suite A
Sacramento, CA 95822

OR

Fax to: (916) 657-7372