



Orange County Managers Association (OCMA) Membership Application/Dues Authorization Form

Date: _____ County Agency/Department: _____

Print Name: _____ Classification: _____
(As it appears on your County pay check)

Employee Identification No. _____

Home address: _____

Personal (home) e-mail address: _____
(important – your personal e-mail will be used to update you with OCMA information)

Personal phone #: _____ Work phone #: _____
(include area code) (include area code)

I authorize the Orange County Managers Association (OCMA) to represent me for the purpose of negotiating the terms and conditions of my employment with my Employer, the County of Orange. I acknowledge that I have chosen to be a member of the Association. Accordingly, this document is being executed as a payroll deduction authorization form for the payment of the dues. By signing below, I authorize my Employer to adjust the amount of the deduction to comply with the dues or fee schedule determined by the Orange County Managers Association in accordance with its constitution, charter, bylaws or other applicable legal requirements. I acknowledge and agree that my dues authorization can only be revoked by completing a dues authorization revocation form and submitting it to Orange County Managers Association during the last week of the calendar year.

For additional information, visit our web-site www.ocma.info.

Signature: _____
(this authorization form must be signed to become effective)

Return this completed/printed form to:

**Orange County Managers Association (OCMA)
600 West Santa Ana Blvd., Suite 114-F
Santa Ana, CA 92701**

or

scan and email to: ocma@ocma.info

I was referred for membership by (complete only if appropriate):

Referring OCMA Member's Name: _____

Address: _____