

**SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION
APPLICATION FOR MEMBERSHIP**

MEMBERSHIP CLASS REQUESTED: (Please allow 60 days for application process)

Active-\$70 **Auxiliary-\$50** **Part Time or Student-\$20** **Associate \$95** **Affiliate \$95**

NAME: _____

POSITION TITLE: _____

AGENCY OR BUSINESS: _____

BUSINESS ADDRESS: _____

STREET

CITY

ZIP

BUSINESS PHONE () _____ **FAX ()** _____ **E-MAIL** _____

SUPERVISOR: _____ **PHONE ()** _____

DESCRIPTION OF SERVICES OR JOB DUTIES: _____ **FULL TIME** _____ **PART TIME**

REASON FOR MEMBERSHIP: _____

IF STUDENT: SCHOOL _____ **MAJOR** _____ **ADVISOR** _____

Send to: Southern California Municipal Athletic Federation, P.O. Box 3605, South El Monte, CA 91733-0605

(626) 448-0853 - Fax (626) 448-5219 www.SCMAF.org