



APPLICATION FOR AFFILIATE MEMBERSHIP

Company Information

Name of Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Each affiliate member is allowed two SACRS representatives.

Representative's Name:

Title:

Representative's Name:

Title:

AUTHORIZED SIGNATURE FOR COMPANY:

DATE:

Our company is being supported by the following 1937 Act System members.

(Please note: Signatures obtained must be from two separate 1937 Act System Administrators or Trustees.)

Regular Member Signature:

Title:

County (1)

Regular Member Signature:

Title:

County (2)

Please mail completed application to:

SACRS
840 Richards Blvd.
Sacramento, CA 95811

Or send application electronically to:

sacrs@sacrs.org

Completed by:

Name:

Telephone:

Email: