



APPLICATION FOR NON-PROFIT AFFILIATE MEMBERSHIP

Company Information

Name of Company:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Size of System:

No. Active Employees:

No. Retired Employees:

Board Members

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Name/Title:

Administrator

Name:

Title:

AUTHORIZED SIGNATURE FOR COMPANY:

DATE:

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

Regular Member Signature:

Title:

County:

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: