Association of Hearing Office Chief Judges
Federal Managers Association, Chapter 385

MEMBERSHIP APPLICATION

Applicant Information

LAST NAME	FIRST NAME	DATE APPOINTED AS HOCALJ

OFFICE ADDRESS	HOME ADDRESS
HUB:	
OFFICE PHONE	HOME/CELL PHONE
OFFICE EMAIL	PERSONAL EMAIL

Applicant's Statement

I hereby apply for membership in the Association of Hearing Office Chief Judges and the Federal Managers Association.

I have also completed and enclosed the payroll deduction authorization form authorizing withholding of $15.00 for each pay period.

SIGNATURE (electronic is okay)	DATE

Information

I am interested in the following issues for AHOCJ to address:
I will volunteer to participate in the following areas of interest:

Email this Membership Application to HOCALJ R. Dirk Selland, Treasurer, AHOCJ at **dirk.selland@ssa.gov.**