MEMBERSHIP APPLICATION

Make your voice heard!

Please print clearly and answer all fields.

Chapter 275: Disability Adjudication Managers Association

Name:

Date of application:

Home Address:

Home City, State and ZIP:

Personal cell phone:

Personal email:

SSA component:

Title:

Recruited by (if applicable):

Membership type: ☐ Regular or ☐ Retiree

Please email to Stephanie.Korupp@ssa.gov