Federal Managers Association Membership Application

Chapter 11, Fleet Readiness Center - Southeast

Jacksonville, Florida

Date: _____

Name: _____

Street Address: _____

City: _____

State & Zip: _____

Home Phone: _____

Home E-mail: _____

Department or Agency: DON, FRCSE

Occupation: _____

Office Address: FRCSE, 101 Wasp St.

City: Jacksonville

State: FL **Zip:** 32212-0016

Office Phone: _____

Fax: _____

Office E-mail: _____

Recruited by: _____

Biweekly payroll deductions Membership Dues (preferred method): $10

***** FINAL STEP: Send an email to FRCSE_Pay@navy.mil and ask that they have an allotment ($10.00) taken out of your paycheck every pay period for FMA along with your pay number *****

Please return form to:

Any FMA Board Member