

SOSCA Membership Application

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Work Location _____ Employee ID# _____

Work Email _____ Effective Date _____

I hereby authorize Kern County Superintendent of Schools to deduct from my salary or wages the monthly dues of \$1.00 for ten (10) months (September through June) for membership in the Superintendent of Schools Classified Association (SOSCA).

Member Signature _____ Date _____

I would like more information about:

- Becoming a Site Rep Scholarship Opportunities Serving on a Committee
 Other

Comments:

This application will be emailed directly to the Director of Membership.
Electronic Signature required for this option.

Print application and send to Teresa Green, Director of Membership,
Human Resources–City Centre.

Questions? Visit our website at joinSOSCA.org or contact Teresa Green, Director of Membership, at (661) 636-4667 or tegreen@kern.org.