



FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION MEMBERSHIP APPLICATION

PERSONAL DATA

Name _____ Work Phone _____

Title _____ Work Fax _____

Organization _____ Cell Phone _____

Address _____ County _____

City/State/Zip Code _____ *Annual Base Salary _____

E-Mail Address _____ ***Required for Full Members**

Alternate E-Mail Address _____ Partner _____

ICMA Recognized Government ICMA Member ICMA Membership Category _____
 Previous FCCMA member

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please attach an explanation.

Have you ever been denied membership or had your membership revoked in ICMA or any other state association?
 Yes No

EDUCATION (UNDERGRADUATE AND GRADUATE)

Degree	Institution	State	Year Earned
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE (PLEASE BEGIN WITH YOUR MOST RECENT POSITION.)

Years Served	Position Title	Employer	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERSHIP CATEGORIES (SEE WEBSITE FOR CATEGORY DESCRIPTIONS)

- Full (Annual dues are \$3 for each \$1,000 base salary) Affiliate (Annual dues are \$150)
 Life (Annual dues are \$25) Subscriber (Annual dues are \$25)

ENDORSEMENTS

The FCCMA membership policy requires that each applicant receive 1 (one) endorsement from an affiliate, full or life FCCMA member or no endorsement if the applicant is an ICMA member. Please indicate below your reference. If you are unable to obtain the endorsement's signature, the endorser may send an email to Carol Russell at crussell@flcities.com stating that he/she endorses you for membership.

1. Name _____ Title _____
Organization _____ Signature _____

We may contact these persons to verify their endorsement of you.

EMPLOYER'S SIGNATURE (ONLY IF NOT THE CAO AND APPLYING FOR FULL MEMBERSHIP)

As chief administrative officer for the municipality or county of _____, I hereby certify that the above-named individual is qualified for full membership status as outlined in the FCCMA By-laws.

Signature _____ Date _____

APPLICANT'S SIGNATURE

By my signature below, I certify that the information supplied above is true to the best of my knowledge. I have read and agree to comply with the ICMA Code of Ethics and understand that completion of the online ethics review is required. Additionally I understand that four (4) hours of annual ethics training is required to maintain membership.

Signature _____ Date _____

Send Completed Application To:

FCCMA
Post Office Box 1757
Tallahassee, FL 32302-1757
Phone: (850) 222-9684; Fax: (850) 222-3806
E-Mail: crussell@flcities.com; Home Page: www.fccma.org

Where did you hear about FCCMA? _____

What are you looking for in the Association? _____

DO NOT SEND PAYMENT WITH YOUR APPLICATION. YOU WILL BE INVOICED UPON APPROVAL OF MEMBERSHIP.