



# FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION STUDENT MEMBERSHIP APPLICATION

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## PERSONAL DATA

Name \_\_\_\_\_ Phone \_\_\_\_\_

University \_\_\_\_\_ Degree \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_ Number of Hours \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Alternate E-Mail Address \_\_\_\_\_ Partner \_\_\_\_\_

ICMA Member                      ICMA Membership Category \_\_\_\_\_ Year Joined \_\_\_\_\_

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

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## EDUCATION (UNDERGRADUATE AND GRADUATE)

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

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## WORK EXPERIENCE

If you are only enrolled part-time, are you currently working?  Yes  No

If you answered yes, how many hours, your title and name of business or government:

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**MEMBERSHIP CATEGORIES (SEE WEBSITE FOR CATEGORY DESCRIPTIONS)**

Student (Annual dues are \$10)

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**ENDORSEMENTS**

The FCCMA membership policy requires that each student applicant receive 1 (one) endorsement from the program chair or dean of the department 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](mailto: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.**

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**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](mailto:crussell@flcities.com); Home Page: [www.fccma.org](http://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.**