



FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION CORPORATE MEMBERSHIP APPLICATION

CORPORATE DATA

Company Name _____ Work Phone _____

Contact _____ Work Fax _____

Title _____ Cell Phone _____

Address _____ County _____

City/State/Zip Code _____

E-Mail Address _____

Alternate E-Mail Address _____

ICMA Member ICMA Membership Category _____ Previous FCCMA member

Has your company ever been listed on the suspended or disbarred list? Yes No If yes, please attach an explanation.

Have your company ever been denied membership or had your membership revoked in ICMA or any other state association?

Yes No

Type of Services Company Provides _____

Governments in Florida that your Company has worked with _____

MEMBERSHIP CATEGORIES (SEE WEBSITE FOR CATEGORY DESCRIPTIONS)

Corporate (Annual Dues are \$250)

APPLICANT'S SIGNATURE

By my signature below, I certify that the information supplied above is true to the best of my knowledge. I will become familiar with the ICMA Code of Ethics.

Signature _____ Date _____

Send Completed Application To:

FCCMA
Post Office Box 1757
Tallahassee, FL 32302-1757
Phone: (850) 222-9684
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.