FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION
MEMBERSHIP APPLICATION

All members are required annually to receive four hours of ethics training.

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 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 this person to verify his/her 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 Membership Policy which states: Any person who is the full-time, appointed chief administrative officer (or deputy, assistant, or equivalent, as endorsed by the chief administrator as having significant general administrative responsibilities) of a municipal or county government, and recognized by ICMA; or, any person meeting the above criteria employed in a city or county government not recognized by ICMA, but who is an active ICMA dues- paying full member.

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.