



FLORIDA CITY AND COUNTY MANAGEMENT ASSOCIATION STUDENT MEMBERSHIP APPLICATION

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

PERSONAL DATA

Name _____ Phone _____

University _____ Degree _____

Estimated Graduation Date _____ County _____

Address _____

City/State/Zip Code _____

E-Mail Address _____

Alternate E-Mail Address _____

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

EDUCATION (UNDERGRADUATE AND GRADUATE)

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

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:

MEMBERSHIP CATEGORIES (SEE WEBSITE FOR CATEGORY DESCRIPTIONS)

Student (Annual dues are \$10)

ENDORSEMENTS

FCCMA does not require an endorsement for the application. An endorsement from a FCCMA full, affiliate or life member will be required at the time of your first renewal.

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
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.