



**MEMBERSHIP APPLICATION**  
**Florida City and County Management Association**  
**Post Office Box 1757**  
**Tallahassee, FL 32302-1757**  
**(850) 222-9684; Fax # (850) 222-3806**  
**E-Mail: llovallo@fllcities.com**  
**Home Page: <http://www.fccma.org>**

**Date:** \_\_\_\_\_

**Personal Data:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Government Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

After Hours (optional) ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Salary (*Required for dues calculation*) \_\_\_\_\_

Spouse \_\_\_\_\_ ICMA Recognized Government? \_\_\_\_ Yes \_\_\_\_ No

Do you have a college degree? \_\_\_\_ Yes \_\_\_\_ No If yes, what degree? \_\_\_\_\_

College Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Other Education \_\_\_\_\_

ICMA Member? \_\_\_\_\_ If yes, ICMA Membership Category \_\_\_\_\_ Year Joined: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, please attach an explanation.

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

**Experience in Government:**

	<u>Name of Government</u>	<u>Position</u>	<u>Years Served (Dates)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I, \_\_\_\_\_, chief administrative officer for the municipality or county of \_\_\_\_\_, hereby certify that the above-named individual is qualified for full or associate membership status as outlined in the FCCMA Strategic Plan and Membership Directory.

\_\_\_\_\_  
Signature, Chief Administrative Officer

Our membership policy requires that each applicant receive 2 (two) endorsements from full FCCMA members. Please indicate below your two references:

1. Name _____	2. Name _____
Title _____	Title _____
Signature _____	Signature _____

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

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 Code of Ethics of ICMA and FCCMA

\_\_\_\_\_  
Signature

For FCCMA Office Use: Dist # _____	Member # _____	Category _____
FCCMA Board: _____	Newsletter: _____	Date Dues Paid: _____