



**STUDENT 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 \_\_\_\_\_ Program \_\_\_\_\_

University Attending \_\_\_\_\_

Degree Attaining \_\_\_\_\_ Number of  
Hours \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_

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

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

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

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

Spouse \_\_\_\_\_

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? \_\_\_\_\_

**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:

\_\_\_\_\_

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: _____