



1727 Southridge Drive
Jefferson City, MO 65109
573-635-9134
Fax: 573-635-9009

MEMBERSHIP APPLICATION

(Please print or type)

Name _____ Title _____
City/Firm _____
Street Address _____ P.O. Box _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

____ Yes, please add me to the MCMA Listserv

Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Email _____

Present ICMA Classification _____

Membership Requirements (please mark the appropriate category):

____ Full Membership: \$75.00

Any duly appointed Chief Administrative Officer (CAO), Manager, Assistant CAO, Assistant Manager or an individual which has general administrative responsibilities and is recommended by their CAO of any municipality in the State of Missouri may hold Full Membership in the Association.

____ Associate Membership: \$40.00

Anyone otherwise qualified to be a member of the International City/County Management Association may hold Associate Membership in the Association.

____ Student Membership: \$10.00

Any student of public administration who subscribes to the purposes of this organization may hold Student Membership in the Association. If applying for student membership, please indicate: College or University attending _____, anticipated date of graduation _____, major area of study _____

Ethics Acknowledgement (ICMA Code of Ethics available online at www.icma.org/ethics)

I hereby acknowledge that I have read and will adhere to the ICMA Code of Ethics. Initial Here _____

Please complete and return this form with your remittance.

Make check payable to:

**Missouri City/County Management Association
1727 Southridge Drive
Jefferson City, MO 65109**