

GCCMA MEMBERSHIP APPLICATION

Name:	Title:		
Employer/Organization:	Email Address:		
Work Address:	City:	State:	Zip:
Work Phone:	Fax:		
Are you a member of ICMA? Yes: Year Joined	www.gccma.com		
□ No			
Type of Membership			
Full Member\$200.00(Administrator, Manager or Assistant Manager of a Local Government)			
Affiliate Member \$200.00 (Any person employed in an administrative position in local government, state and federal employees or instructors of public administration)			
Student Member \$25.00 (Any full-time student who intends to follow a career in local government or to teach public administration)			
Retired Member\$25.00(Any person who has been a Full Member and has transitioned to a Retired employment status)			
Corporate Partner \$400.00 (Any company seeking or engaged in a business relationship with a local government)			
Total \$		Check	
Credit Card #	Expiration D	ate:	
Signature:			
MAIL OR FAX FORM AND PAYMENT TO: (please do not fax unless you are paying by credit card – payment must be submitted with application)			
GCCMA ATTN: Erica Grier PO Box 105377 ATLANTA, GEORGIA 30348 FAX: 678-651-1016			
Questions? Contact GCCMA's Business Manager Erica Powell Grier at <u>epowell@gccma.com</u> or 678-651-1015			