

GCCMA MEMBERSHIP APPLICATION

Name: _____

Job Title: _____

Organization: _____

Business Address: _____

Business Phone: _____ Fax: _____

Home Address: _____

Home Phone: _____ Spouse's Name: _____

E-mail Address: _____

Employment History (Last three positions held including dates): _____

Joined GCCMA: _____
(year)

Positions Held: _____

Joined ICMA: _____
(year)

Positions Held: _____

Signature: _____ Date: _____

Include membership fee of \$100 in a check made payable to the **Georgia City-County Management Association** and send to:

GCCMA Business Manager
Carl Vinson Institute of Government
201 N. Milledge Ave.
Athens, GA 30602