



GCCMA MEMBERSHIP APPLICATION

Name:	Title:		
Employer/Organization:	Email Address:		
Work Address:	City:	State:	Zip:
Work Phone:	Fax:		
Are you a member of ICMA? <input type="checkbox"/> Yes: <i>Year Joined</i> _____ <input type="checkbox"/> No	www.gccma.com		

Type of Membership

- Full Member** \$125.00
 (Administrator, Manager or Assistant Manager of a Local Government)

- Affiliate Member** \$125.00
 (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)

- Associate Member** \$300.00
 (Any company seeking or engaged in a business relationship with a local government)

- Donation** \$ _____
 (Want to help GCCMA generate interest in local government careers? Make a Donation to help the GCCMA Fellowship Program)
 Donation made in Honor/Memory of _____

Total \$ _____ Visa MasterCard AMEX Check

Credit Card #

Expiration Date:

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 epowell@gccma.com or 678-651-1015