



Membership Application

for International Professionals

About ICMA

ICMA is the premier local government leadership and management organization. Its mission is to create excellence in local governance by developing and advocating professional management of local government worldwide. ICMA provides member support; publications, data, and information; peer and results-oriented assistance; and training and professional development to more than 9,000 city, town, and county experts and other individuals throughout the world.

ICMA membership is for individuals and is not transferable.

membership@icma.org

202-962-3680, fax 202-962-3565

icma.org/membership

Office Use Only

Date: _____

Staff: _____

iMIS#: _____

NL: Y _____ N _____ COE: _____

Category: _____

Source Code: _____

A. Complete name, contact, personal, education, employment, and interest information

Mr. Ms.

First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Nickname _____

Business

Title _____ Employer _____

Street Address or PO Box for mailings _____

City _____ State/Province _____ Postal Code _____ Country _____

Bus. Phone _____ Bus. Fax _____ Bus. E-mail _____

Home

Street Address/PO Box _____

City _____ State/Province _____ Postal Code _____ Country _____

Home Phone _____ Home E-mail _____

Send ICMA mailings to (select only one): Business street address Business PO Box Home

Send ICMA e-mail communications to (select only one): Business e-mail Home e-mail

Personal Information

ICMA uses personal information to better acquaint itself with the membership. If you prefer that your date of birth not appear online, please check the box below.

Date of birth (mm/dd/yyyy) _____ Hide birthdate from online profile

Gender: Male Female

Spouse/Partner's name (if applicable): _____
First Name _____ Last Name _____ E-mail _____

Education

List only completed undergraduate and graduate degrees.

Degree (e.g., MPA, BS)	Year Completed	Name of Institution	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience

Start with your current position. Do not send resume. Include internships if they were full-time, paid positions.

From (MM/DD/YYYY)	To (MM/DD/YYYY)	Title	Name of Local Government/Other Employer	Country	Local Government?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interest Areas (please check off any areas of interest/expertise that apply):

- Career Resources
- Emergency Management
- Environmental Management
- Ethics
- Form of Government
- Performance Measurement
- Sustainability

B. Select your membership category

Full Member

I am employed as a chief appointed administrative officer, assistant administrator, or administrative assistant in a municipality, county, or regional government. My position has overall management responsibility and was appointed or confirmed by the chief appointed administrative officer, legislative body, and/or the elected chief executive. (Elected officials are not eligible to become Full members.)

Certification of application for Full membership

I certify that the local government in which I am employed provides for overall management responsibilities in a designated position appointed or confirmed by the legislative body or appointed by the elected chief executive.

Signature

Date

Affiliate Member: Any person who does not meet the qualifications for Full membership.

C. Review and sign adherence to code of ethics

I have read the enclosed ICMA Code of Ethics and agree to abide by it. I also understand that I am subject to the ICMA Rules of Procedure for Enforcement of the Code of Ethics. I meet the appropriate membership criteria and have fully completed the application.

Signature Date

D. Complete dues payment information

Please refer to the enclosed sheet to determine your dues rate and the correct address for returning the application with payment. All fees must be paid in U.S. currency.

Total Payment. \$ _____

Payment Information (check one)

- Enclosed is my check/money order, payable to ICMA in U.S. currency.
- Please charge my VISA MasterCard American Express

Account # Exp. Date Total

Signature Date Print name exactly as it appears on card

E. Return completed application with dues payment to ICMA

If you are paying by credit card, you may fax your application with payment to 202-962-3565. Otherwise, mail this form with payment to ICMA at ICMA Membership Payments, PO Box 79403, Baltimore, MD 21279-0403

Be sure to complete this application in its entirety before submitting with payment. Incomplete applications will be returned. ICMA mailings will be sent via surface mail, with the exception of the bi-weekly *ICMA Newsletter*, which is only available via e-mail.

Applications for Full membership status are announced in the *ICMA Newsletter* as required by ICMA's Constitution. Current voting members have 60 days to file a written objection to an application for voting membership. Should an objection be raised, the candidate for membership will be notified and informed of the appeals process. If no objections are filed, the individual will be considered a member at the end of the 60-day period.



International Membership Dues

(Effective November 2001 and subject to change.)

Membership Dues for Individuals Outside the United States and Canada.

Annual membership dues for individuals outside the United States, Canada, and the United Kingdom are listed below. ICMA mailings will be sent via surface mail, with the exception of the biweekly *ICMA Newsletter*, which is only available via e-mail for international members. All fees must be paid in U.S. funds.

Country	ICMA Annual Dues
Australia, Industrialized Asia, Middle East, New Zealand, Western Europe, United Kingdom	U.S. \$135
Africa, Latin America, Non-industrialized Asia, Eastern Europe, former Soviet republics	U.S. \$70

Membership Dues for Individuals in Canada

ICMA and the Canadian Association of Municipal Administrators (CAMA) have agreed to set ICMA annual dues for individuals belonging to both organizations at US \$135. Individuals wishing to participate in this special arrangement should complete the ICMA application and send it with payment. Please indicate you are a CAMA member.

PO Box 79403
Baltimore, MD 21279-0403

ICMA membership dues for individuals in Canada not wishing to participate in the ICMA/CAMA joint arrangement are given below. Payment by check or credit card must be made directly to ICMA. All fees must be paid in U.S. funds.

Membership Category	ICMA Annual Dues
In service (working for a local government)	.008 × annual salary
Not working for a local government	U.S. \$135

For More Information

Contact ICMA Member Services at 202-962-3680 or membership@icma.org.