



ICMA Membership Application

About ICMA

ICMA, the International City/County Management Association, advances professional local government worldwide. Our mission is to create excellence in local governance by developing and fostering professional management to build sustainable communities that improve people's lives. ICMA provides member support; publications; data and information; peer and results-oriented assistance; and training and professional development to nearly 9,500 city, town, and county experts and other individuals and organizations throughout the world. The management decisions made by ICMA's members affect millions of individuals living in thousands of communities, from small villages and towns to large metropolitan areas.

ICMA membership is for individuals and is not transferable.

A. Complete name and contact information

Mr. Ms.

First Name Middle Initial Last Name Suffix Nickname

Business

Title Employer or School

Street Address or PO Box for mailings

City State/Province ZIP/Postal Code Country

Bus. Phone Bus. Fax Bus. E-mail

Home

Street Address/PO Box

City State/Province ZIP/Postal Code Country

Home Phone Home E-mail

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

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

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

Contact us

membership@icma.org
202-962-3680
800-745-8780
fax 202-962-3678
icma.org/membership

Office Use Only

Date: _____ NL: Y _____ N _____ COE: _____
Staff: _____ Category: _____ Criteria: _____
iMIS#: _____ Source Code: _____

B. Select your membership category

Full (voting) membership is for managers/administrators who serve in professional positions in all forms of local government as well as those senior staff who report to those managers and who have “significant general administrative responsibility.”

Manager/Administrator: ICMA has established six criteria (see below) that determine whether a professional management position has been established that gives the manager or chief administrative officer (CAO) the level of independence, authority, and responsibility necessary to function in a professional manner. If your position meets all six criteria, you are eligible for Full membership.

Senior staff: Staff with broad management responsibility (e.g. assistant and deputy managers/CAOs) who report to a CAO whose position meets the criteria below are eligible for Full membership. You must affirm that you occupy a position with “significant general administrative responsibility.”

You are eligible for Affiliate (non-voting) membership if you serve in an appointed position in local government that does not meet these criteria.

Most CAOs and assistant/deputy CAOs are eligible for Full membership and may not apply for Affiliate membership.

Criteria for Full Membership for CAO

The CAO should mark N/A if a criterion is not applicable.

- _____ **1. APPOINTMENT:** I occupy a position that is appointed by an elected representative or representatives and is directly responsible to an elected representative and/or representatives.
- _____ **2. POLICY FORMULATION:** I have significant responsibility in the development and analysis of public policy alternatives and in the implementation of policy once adopted. (This means I develop public policy alternatives and recommendations for consideration by elected officials and have access to the council and work with its members.)
- _____ **3. BUDGET:** I have major responsibility for the preparation and administration of the operating and capital improvements budget.
- _____ **4. APPOINTING AUTHORITY:** I exercise significant influence in the appointment of the key management personnel of the local government and particularly the appointment of the administrative and financial staff. (In other words, I have the authority to recommend the appointment of department heads and appoint a sufficient share of the management staff to control budget preparation and administration.)
- _____ **5. ORGANIZATIONAL RELATIONSHIPS:** I am recognized within the local government organization as the principal general management professional and have a continuing direct relationship with the operating department heads on the implementation and administration of the programs. (I also have direct supervision over department heads, and, at a minimum, my overall management responsibility includes the status of first peer among administrative peers.)
- _____ **6. QUALIFICATIONS:** I was appointed to the position based on my education and experience and on my qualifications to perform the duties and responsibilities of the position as defined by ICMA's Practices for Effective Local Government Management. (This criterion means that you have been chosen on merit, have significant administrative experience and educational background, and will fulfill the requirement of Tenet 7 of the Code of Ethics to remain politically neutral. It excludes the strictly “political” appointment. However, it doesn't mean that you must have local government experience.)

Category of membership for which you are applying (check one):

Full Member

_____ I am a chief administrator in a local government, council of governments, or state association of local governments, and my position meets all of the above criteria.

_____ I am an assistant manager or other senior level staff who has been appointed by the chief administrator, reports to the chief administrator, and has significant general administrative responsibilities.

Affiliate Member

Any person who does not otherwise meet the qualifications for the above categories of membership.

*** Most local government CAOs and assistant/deputy CAOs are eligible for Full membership and may not apply for Affiliate membership.**

C. Review and sign adherence to ICMA 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.

Signature _____

Date _____

D. Complete dues payment information

This application must be accompanied by dues payment in U.S. currency. ICMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. Your annual membership dues include an annual subscription to *Public Management* magazine, valued at \$46.

Fees/Formulas for Dues Calculations

United States

Full Member 0.008 x annual salary, capped at \$1,400

Affiliate Member

Local government department head 0.005 x annual salary, capped at \$875

Local government entry- to mid-management \$150 Year 1 / \$175 Year 2 / \$200 Years 3+

Local government intern or full-time student \$25

Professor \$165

Other \$200

International

United Kingdom/SOLACE US\$105

Non SOLACE member US\$135

Canada/CAMA US\$135

Non CAMA member U.S. fee calculations

High-income countries US\$135

Low- and middle-income countries US\$70

Payment Calculation

1. Annual salary (including deferred compensation) \$ _____

2. Annual dues (see formula above) \$ _____

3. Voluntary contribution to ICMA Fund* \$ _____

Please direct my contribution:

- 100% to the Fund's traditional work
- 100% to the *Life Well Run* campaign
- Split evenly between the Fund's traditional work and *Life Well Run*

4. Total payment (line 2 + line 3) \$ _____

*The ICMA Fund for Professional Management, established in 1985, advocates for professional local government management by supporting civic education initiatives and form-of-government adoption and retention campaigns. Your contribution helps ensure that the benefits of professional local government management reach more communities. To learn more, visit icma.org/fund.

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 Payment _____

Signature _____

Date _____

Print name exactly as it appears on card _____

E. Complete personal, education, and employment information (optional)

Personal Information

ICMA uses personal information to better acquaint itself with the membership. Your online member profile does not include information on race or ethnicity. 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

Race (U.S. Only): African-American Asian-American Caucasian Native American Other _____

Are you of Hispanic ethnic background? Yes No

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

In lieu of filling out the education and employment experience below, you may attach a resume.

Education

List only completed undergraduate and graduate degrees.

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

Employment Experience

Start with your current position. Include internships if they were full-time, paid positions.

From (MM/DD/YYYY)	To (MM/DD/YYYY)	Name of Local Government/Other Employer	Title	State/Province	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

F. Return completed application with dues payment to ICMA

ICMA Membership Payments
PO Box 79403
Baltimore, MD 21279-0403
United States

or fax to 202-962-3678

Applications for Full (voting) 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 Full 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 Full member at the end of the 60-day period.



Leaders at the Core of Better Communities