



**FLORIDA GOVERNMENTAL FINANCE OFFICERS ASSOCIATION  
2017 – 2018 MEMBERSHIP APPLICATION  
Dues are for the period July 1, 2017 – June 30, 2018**

**Remember to become a member of your Local Chapter of the FGFOA  
Local Chapter information can be found on our website at [www.fgfoa.org](http://www.fgfoa.org)**

**SECTION I- MEMBERSHIP DATA (See Reverse Side)**

**SECTION II- PROFESSIONAL MEMBERSHIP DUES**

***ACTIVE MEMBER*** - Any duly acting finance, accounting, budget, audit or administrative related employee whether elective or appointive in a public jurisdiction in the State of Florida.

***ASSOCIATE MEMBER*** - Any other person not eligible for active or student membership, who is interested in the principles and practices of governmental finance, and who subscribes to the purpose of the Association.

***RETIREE MEMBER*** - Any formerly active member who has duly retired from employment in a public jurisdiction of the State of Florida

**Membership dues are payable upon receipt and become delinquent if not received by July 31, 2017** Annual dues are per person, non-transferable, and valid for the period July 1, 2017 through June 30, 2018.

**Please check category:** [ ] Active-\$35.00 [ ] Associate-\$35.00 [ ] Retiree-\$35.00

***Please remember to pay your Local Chapter dues. Contact your Local Chapter directly for more information.***

**PLEASE NOTE:** Contributions or gifts to the FGFOA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense.

**Please make your check payable to:  
Florida Government Finance Officers Association, Inc.  
(Federal Identification Number: 59-2343053)**

**Mail your check and invoice to:  
FGFOA  
Post Office Box 10270  
Tallahassee, FL 32302-2270**

**Credit Card Payments must be made by contacting the FGFOA directly. Credit card information will be taken by phone at 850-222-9684**

**PLEASE DO NOT WRITE BELOW THIS LINE**

| Date | Amount | Check# |
|------|--------|--------|
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**Continued on the reverse side**

# FGFOA MEMBERSHIP APPLICATION

Name: (please print) \_\_\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_

Title: \_\_\_\_\_ County: \_\_\_\_\_

Government Entity/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Professional Certifications: CGFO \_\_\_ CPA \_\_\_ Other (Please Specify): \_\_\_\_\_

Affiliations: GFOA \_\_\_\_\_ FGFOA Local Chapters [please specify chapter]: \_\_\_\_\_

Colleges or Universities in which you graduated: \_\_\_\_\_

Are you interested in being appointed to a committee? Yes: \_\_\_ No: \_\_\_

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, or fax.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_