



**FLORIDA GOVERNMENTAL FINANCE OFFICERS ASSOCIATION
2016 – 2017 MEMBERSHIP APPLICATION
Dues are for the period July 1, 2016 – June 30, 2017**

**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**

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, 2016 Annual dues are per person, non-transferable, and valid for the period July 1, 2016 through June 30, 2017.

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: _____

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: _____