



2009-2010 MEMBERSHIP DUES APPLICATION

Your membership confirmation will be sent by email.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Fax: _____

Email: _____

Membership Level: _____

**All Information
Must Be Filled In
Completely**

Membership Type and Amount Due

*Please select the appropriate
level/membership rate*

ACTIVE: \$35 _____

ASSOCIATE: \$45 _____

RETIRED: \$5 _____

Honorary/Student: \$0 _____

We accept   

Credit card: _____ Exp: _____

Card Holder's Name: _____

Signature: _____

For payment by check, mail to the address below.

Please make check payable to **Maryland GFOA**

Active

This class of membership may be held by any employee of a governmental entity who is employed in government financial management, including accounting, auditing, financial reporting, cash management and investments, debt management, budgeting, pension and benefits, risk management and procurement.

Associate

This class of membership may be held by any other person not eligible for active membership, but who is interested in promoting the practice of government financial management, and furthering the purpose and objectives of the Association.

A COPY OF THIS APPLICATION MUST BE SUBMITTED WITH DUES PAYMENT

THANK YOU FOR YOUR MEMBERSHIP IN THE MARYLAND GFOA

2142 Priest Bridge Ct., Ste. 9 ♦ Crofton, MD 21114

♦ Phone: 410-451-3025 ♦ Fax 443-926-9631

Tax I.D. No. 20-3047808