



**FLORIDA GOVERNMENTAL FINANCE OFFICERS ASSOCIATION
MEMBERSHIP APPLICATION
2009-2010**

Dues are for the period July 1, 2009 – June 30, 2010

Please complete the membership data on the reverse side or save time and renew on-line:

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

STUDENT MEMBER - Any full time College or University student not qualifying for active membership, who is interested in the principles and practices of governmental finance, and who subscribes to the purpose of the Association.

Dues are due and payable upon receipt and become delinquent if not received by July 31, 2009. Annual dues are per person, non-transferable, and valid for the period July 1, 2009 through June 30, 2010.

Please check category: [] Active-\$25.00 [] Associate-\$25.00 [] Retiree-\$25.00 [] Student-\$15.00

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 Payment (Fax to (850) 222-3806)

VISA _____ MASTERCARD _____ CARD # _____ Exp. _____

Cardholder Name: _____

Billing Address: _____

Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date	Amount	Check#

Continued on the reverse side

FGFOA MEMBERSHIP DATA

Name: (please print) _____ Title: _____

Mr. _____ Ms. _____ Mrs. _____ County: _____

Government Entity/Firm: _____

Address: _____

Work Telephone: _____ SUNCOM : _____

FAX Number: _____ Email Address: _____

Preferred Method of Delivery of Information: ___ Email ___ Fax ___ Mail

FGFOA Member Since: _____ Years in Government: _____

Professional Certifications: ___ CGFO ___ CPA ___ Other: _____

Affiliations: GFOA _____ FGFOA Local Chapters [please specify chapter]: _____

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: _____

ACTIVE MEMBERS

Indicate employing governmental agency:
[Check one Only]

- City/Municipality/Town/Village
- County
- Constitutional Officer
- School Board
- Special District
- Community College
- State University
- State Agency
- Other Governmental Agency

Position Category
[Check One Only]

- Accounting
- Budgeting
- Debt
- Investment
- Pension

ASSOCIATE MEMBERS - Type of Services/Products Provided: Check one category or list in priority which services are provided.

- Accounting/Auditing Advisory/Financial Banking Services Cash Management/Investment
- Consulting/General Legal Management Information Systems Other (Specify: _____)

Interested party or no service/product listing preferred

STUDENT MEMBERS

College/University: _____ Major: _____