PLEASE TYPE OR PRINT

NAME ___________________________________________ NICKNAME ______________

TITLE _____________________________________________

GOVT. ENTITY/FIRM _______________________________________

ADDRESS _____________________________________________

CITY ___________________________ STATE _______ ZIP ________-

WORK TELEPHONE (______) _____________ FAX NUMBER (______) _____________________

E-MAIL ADDRESS ___________________________________________

COUNTY WHERE EMPLOYER IS LOCATED ________________________________

SIGNATURE ___________________________ DATE ________________________

CHECK ONE:  

☐ ACTIVE MEMBER: Any duly acting finance, accounting, budget, audit or administrative related employee in a public jurisdiction. $10.00 ANNUALLY.

☐ ASSOCIATE MEMBER: Any other person not eligible for active membership but who is interested in the principles and practices of governmental finance. $10.00 ANNUALLY.

Professional Certifications:

☐ CGFO ☐ CPA ☐ Other Specify ________________________________

Professional Responsibilities:

☐ Accounting ☐ Budgeting ☐ Debt Issuance/Management ☐ Pension

☐ Investments/Cash Management ☐ Risk Management

Do you have a need for Continuing Education Requirements? ☐ Yes ☐ No

Enclose your check made payable to SWFGFOA and mail to:

SWFGFOA  
c/o Cindy Emshoff, Secretary/Treasurer  
1565 First Street, Sarasota, FL 34236

Questions? E-mail: cynthia.emshoff@sarasotagov.com

Telephone (941) 951-3605 or Fax (941) 951-3647

Amount Enclosed: $ ________________________________