



**FLORIDA GOVERNMENTAL FINANCE OFFICERS ASSOCIATION  
MEMBERSHIP APPLICATION**

**2010-2011**

**Dues are for the period July 1, 2010 – June 30, 2011**

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

[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

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, 2010.** Annual dues are per person, non-transferable, and valid for the period July 1, 2010 through June 30, 2011.

**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: \_\_\_\_\_