

APPLICATION

Send payments by credit card, check, or purchase order to: GFOA,
203 N. LaSalle St., Ste. 2700; Chicago, IL 60601-1210; fax: 312-977-4806,
or scan (e-mail membership@gfoa.org).

Please print or type.

Check here if you are faxing or scanning and e-mailing this form. (Fax and e-mails are accepted only with credit card payment or purchase orders.
DO NOT MAIL THE ORIGINAL.)

Name _____

Title _____

Employer _____

Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Telephone _____

Fax _____

E-mail (Required) _____

Previous employer _____

Questions? E-mail membership@gfoa.org



Please complete both sides of this application.

PAYMENT INFORMATION

Please check one:

PAYMENT BY CHECK: Payable to "Government Finance Officers Association"
Send to: GFOA, 203 N. LaSalle St., Suite 2700, Chicago, IL 60601-1210

PAYMENT BY CREDIT CARD OR PURCHASE ORDER:
Send to: Fax: 312-977-4806, scan (e-mail membership@gfoa.org), or mail GFOA, 203 N. LaSalle St., Ste. 2700, Chicago, IL 60601-1210

- AmEx Discover
- MasterCard VISA

Name on Card _____

Account Number _____

Exp. date (mandatory) _____/_____

Signature _____

PLEASE BILL ME. You must include a purchase order number.

P.O. No _____

MEMBER TYPES

If full-time student, please include a copy of student identification card.

Please check one:

- Active Additional Active
- Associate Educational Inactive Retired

GOVERNMENTAL UNIT *(In the United States or Canada)*

Refer to the enclosed GFOA Membership Fee Schedule.

Please check one and give size of unit, as requested:

- City: Population _____
- County: Population _____
- Special District: Number of Employees _____
- State/Province: Population _____
- Retirement System: Number of Members _____
- Federal

INTERNATIONAL *(Outside of the United States or Canada)*

Refer to the enclosed GFOA Membership Fee Schedule.

Please check one and give size of unit, as requested:

- Developed Country
- Developing Country
- Associate