



Government Finance Officers Association

GFOA Black Caucus
Web page: www.gfoa.org/committees/bc/

Sign-Up Form

_____ Yes, I would like to be a GFOA Black Caucus member.

Name

Title

Governmental Entity/Company

Mailing Address (**Please include street address.**)

City

State

Zip Code

Phone No.

FAX No.

E-mail address

Are you a GFOA member?

_____ yes

_____ no

Return this form to:

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