



# NEW MEMBERSHIP APPLICATION

P.O. Box 3069, Raleigh, NC 27602 | [www.ncmanagers.org](http://www.ncmanagers.org)

PAYMENT MUST ACCOMPANY COMPLETED FORM

FISCAL YEAR: JULY 2011 TO JUNE 2012

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Website: \_\_\_\_\_

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**POST HIGH SCHOOL EDUCATION (list college and degree received):**

Undergraduate: \_\_\_\_\_

Postgraduate: \_\_\_\_\_

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**WORK HISTORY – List public management positions held (organization) prior to current job, starting with most recent (Provide dates):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**PERSONAL INFORMATION:**

Spouse Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

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**MEMBERSHIP CATEGORIES:****1) Active Members**

- Any full-time appointed chief administrator of a North Carolina city, town, county or council of government holding or eligible to hold full or associate membership in the International City/County Management Association (ICMA); or
- Individuals serving as administrative assistants, assistant managers and assistant directors of (ICMA) recognized local government who has significant general administrative responsibilities.

**2) Associate Members**

- A person no longer holding office, but who has previously been an active member of this Association for at least five years;
- A person who has been a corporate member of ICMA for at least five years; or
- A person who has been a faculty member of a recognized school of public administration in North Carolina for at least five years.

**3) Affiliate Members**

Any person who is employed in the top administrative position by a unit of local government, or special purpose unit of local government, or individuals holding the top administrative position of a state or federal agency. Affiliate members may not vote or hold office.

**4) Managers-In-Transition**

You must request a waiver of dues as a Manager-In-Transition by calling Yolanda Guerra at (919) 715-3913, email: [yguerra@ncm.org](mailto:yguerra@ncm.org) or in writing to: PO Box 3069, Raleigh, NC 27602. Members are only eligible to waive dues for three years.

**5) Life Members**

Members receive complimentary membership. However, membership is not automatic; potential members must apply. The Association invites applications for life members from members who:

- a. Have completed twenty-five years of membership, upon retiring from active service with a municipality or county;
- or
- b. Any member who has been an active member for at least fifteen years upon retirement at age sixty-five or later.

**6) Local Government Department Head Members:**

Department heads of North Carolina local governments may apply for Association membership with the written endorsement of his or her manager. **Local government department head members may not vote or hold office.**

**7) Student Members:**

Students enrolled in North Carolina undergraduate or graduate programs may become a member of the Association upon payment of a nominal fee of \$50. Student members may not vote or hold office.

**PAYMENT INFORMATION: Dues are prorated for new members based on the remainder months left in the current fiscal year. Annual membership dues are based on a July-June fiscal year.**

**1. Active Members Calculate as follows:**

List total annual salary: Rounded to nearest \$1,000 \$ \_\_\_\_\_  
 Multiply by 0.00175 (fee is \$1.75/\$1,000 Salary) = Amt. Due \$ \_\_\_\_\_

**2. Associate Members:** \$50/Year \$ \_\_\_\_\_

**3. Affiliate Member:** \$50/Year \$ \_\_\_\_\_

**4. Managers-In-Transition:** \$0/Year \$ \_\_\_\_\_

- I request a three (3) year waiver of dues as a Manager-In-Transition.
- Request for waiver enclosed.

**5. Life Members:** \$0/Year

**6.  Local Government Department Head Members:**

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- List total annual salary: Rounded to nearest \$1,000 \$ \_\_\_\_\_
- Multiply by 0.00175 (fee is \$1.75/\$1,000 Salary) = Amt. Due \$ \_\_\_\_\_

**7. Student Members:** \$50/Year \$ \_\_\_\_\_

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**CHECK LIST:**

- Return this signed form with payment.
- Check amounts may be combined when remitting for more than one person. **One form for each person.**
- Make checks payable to: **NC City and County Management Association.**

**Membership remains with the individual, not the position.** For information, membership questions, financial information and address changes, call Yolanda Guerra at (919) 715-3913. For association business call Charles Archer at (919) 715-3918.

*I understand that I am bound by the ICMA Ethics Code as a member of the NC City & County Management Association.*

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_