

MEMBERSHIP APPLICATION 2025-2026

(Please print or type)

Name _____ Title _____

City/Firm _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

☐ **Yes, please add me to the MCMA Listserv**

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Present ICMA Classification _____

Membership Requirements: (please mark the appropriate category)

☐ **Full Membership: \$150.00**

Any duly appointed Chief Administrative Officer (CAO), Manager, Assistant CAO, Assistant Manager, or an individual which has general administrative responsibilities and is recommended by his/her CAO of any municipality in the State of Missouri may hold Full Membership in the Corporation. Membership is non-transferable and it shall be in the name of the individual and shall not attach to the position or organization.

☐ **Associate Membership: \$65.00**

Any person who does not meet the qualifications for the above full membership category but qualifies to be a member of the International City/County Management Association may hold an Association Membership in the Corporation.

☐ **Student Membership: \$10.00**

Any student of public administration who subscribes to the purposes of this organization may hold Student Membership in the Association. If applying for student membership, please indicate: College/University _____
anticipated date of graduation _____ major area of study _____

Ethics Acknowledgement: (ICMA Code of Ethics available online at www.icma.org/ethics)

I hereby acknowledge that I have read and will adhere to the ICMA Code of Ethics. Initial Here _____

Please complete and return this form with your remittance. Make check payable to:
Missouri City/County Management Association, 1727 Southridge Drive, Jefferson City, MO 65109