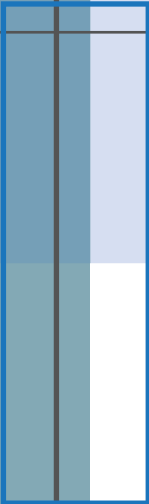
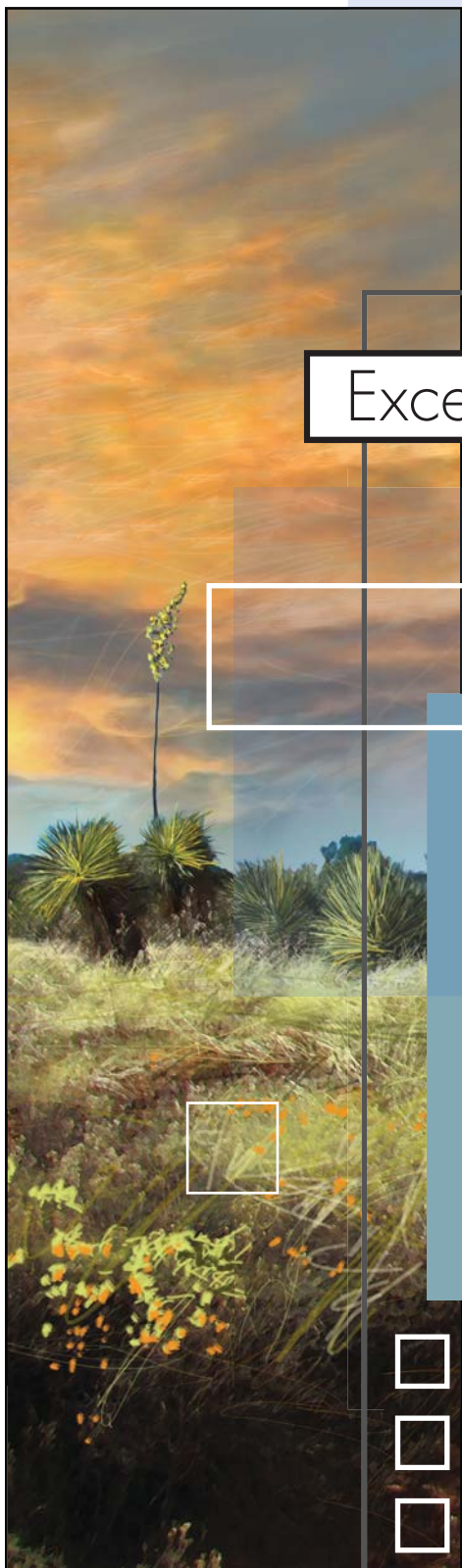


# MEMBERSHIP APPLICATION

Excellence in Local Government



# Membership Application

## About ACMA:

The Arizona City/County Management Association was established in 1954. It is a non-profit, professional organization dedicated to increasing the knowledge and ability of city, town, and county managers, as well as other local government administrators, and to strengthen the quality of local government in the state of Arizona through professional management, education, training, and the mutual exchange of information.

The ACMA cooperates with the League of Arizona Cities and Towns, the International City/County Management Association, various public institutions of higher learning in Arizona, and other organizations dedicated to supporting and promoting local government management. The organization was incorporated in 1998. It currently has approximately 280 members and is staffed by the League of Arizona Cities and Towns.

***ACMA Membership is for individuals and is not transferable. An invoice for membership dues will be sent after application is approved by the ACMA Board of Directors. After your application has been approved, an invoice will be sent to you along with membership details. Then all ACMA members will be notified of the new membership and they will be given 10 days to file any objections. Dues are based on a July 1-June 30 fiscal year. Until payment is received, you are not officially a member of ACMA. If payment is not received within 30 days, you will need to reapply for membership.***

## A. Complete name and contact information

Mr.       Mrs.       Ms.

Name \_\_\_\_\_

Title \_\_\_\_\_

Government Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

# Membership Application

## B. Select your membership category

- Full Member: City managers/administrators of an Arizona city or town, or county managers/administrators of an Arizona county, or a full-time administrative head of legally constituted council of governments or Indian tribe in Arizona.

Assistant city managers/administrators or deputy city managers/administrators of Arizona cities or towns, assistant county managers/administrators, and deputy county managers/administrators of Arizona counties are also eligible for Full membership in ACMA. These members typically have work experience and career interests that encompass substantial management responsibilities in local government.

- Associate Member: Assistants to city, town, or county managers; or other persons holding responsible administrative positions in Arizona cities, towns, counties, councils of government, political subdivisions, or employees of these organizations that are interested in supporting ACMA and Arizona local government but are not otherwise eligible for another membership category, and tribes; university faculty. Please also complete Section D.

- Faculty Member: Any individual who is currently an instructor, researcher or staff at an accredited Arizona institution of higher learning. Such a person may be a full-time or part-time employee of the educational institution, but shall not simultaneously hold employment in a local government or qualify in any way for membership in another membership category as provided in these bylaws.

- Retired Member: Any individual who is currently or was previously a full or an associate member of ACMA and has qualified for benefits under a bona fide retirement plan is eligible. Current or previous ACMA members may obtain retired membership status by providing written notice to ACMA of their desire to change their membership status.

Any individual who was not an ACMA member prior to retirement, but has had a career substantially in the field of local government management, having held position(s) during their employment either in Arizona or in other states/countries that would be comparable to positions held by current active and associate members. Applicants must currently reside in Arizona. Please also complete Section E.

- Student Member: Attending an accredited undergraduate or graduate program full-time for the purpose of entering the profession of local government management. Not currently working on a full-time basis in the field of public administration.



# Membership Application

## C. Complete personal education, and employment information

The following information is optional and will be printed in the ACMA Directory.

Partner's Name \_\_\_\_\_ Children's Name(s) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

**In lieu of filling out the education and employment experience below, you may attach a signed resume.**

### Education

Degree (e.g. MPA, BS)	Year Completed (if applicable)	Name of Institution	State	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Employment Experience\*

Start with current position. Include internships if they were full-time, paid positions.

From (MM/DD/YYYY)	From (MM/DD/YYYY)	Name of Local Government/Other Employer	Title	State	Country	Local Government?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

The ACMA Executive Board would like to provide all applicants with the opportunity to disclose any information that could affect the Board's decision to grant membership into ACMA. Please attach a separate signed statement with any information you feel the Board should consider when reviewing your application for membership.

**\*Please note: If there are any lengths of service shorter than the two-year minimum as described in ICMA Tenet 4, please include an attached explanation with your form. This does not pertain to internships.**

# Membership Application

## D. Associate Member Endorsements *(Required only for applicants seeking Associate membership)*

Applications for **Associate** membership require endorsement by two Full ACMA members (City/County Managers or Administrators and others with substantial management responsibilities in local government, please see page 1 of this application for a complete definition of Full membership).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title and Government Affiliation

\_\_\_\_\_  
Title and Government Affiliation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## E. Retired Member Endorsements *(Required only for applicants seeking Retired membership)*

All applications for **Retired** membership must have the endorsement of either 1) two Active members of ACMA or 2) two Full Corporate members of ICMA (or a combination thereof).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title and Government Affiliation

\_\_\_\_\_  
Title and Government Affiliation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## F. Review and sign adherence to ICMA Code of Ethics

By signing this application, I agree that upon becoming a member of the Arizona City/County Management Association I will abide by all the rules and regulations of the Arizona City/County Management Association including the Code of Ethics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Membership Application

## G. Additional Information Required

Are you currently a member of ICMA? Yes  No

If yes, ICMA Membership Category \_\_\_\_\_ Year Joined \_\_\_\_\_

Have you ever been denied membership or had your membership revoked in ICMA or any other state association? Yes  No

## H. Other Information

Are you interested in serving on the ACMA Board of Directors /or a committee? Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All applicants** must either include their employment and education history on page four of the application, or include a resume containing educational levels obtained, previous government positions held and membership in government-related professional organizations. This information must be included to be considered by the ACMA Executive Board. If the information submitted with this application is found to be false or incorrect, I understand I may be subject to expulsion from the Arizona City/County Management Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE RETURN TO:

Arizona City/County Management Association  
1820 West Washington Street  
Phoenix, Arizona 85007  
Phone: (602) 258-5786 Fax: (602) 253-3874  
e-mail: info@azmanagement.org

