

# ICMA Membership Application

## About ICMA

ICMA, the International City/County Management Association, advances professional local government worldwide. Our mission is to create excellence in local governance by developing and fostering professional management to build sustainable communities that improve people's lives. ICMA provides member support; publications; data and information; peer and results-oriented assistance; and training and professional development to over 10,000 city, town, and county experts and other individuals and organizations throughout the world. The management decisions made by ICMA's members affect millions of individuals living in thousands of communities, from small villages and towns to large metropolitan areas.

ICMA membership is for individuals and is not transferable.

Join online at [icma.org/join](http://icma.org/join)

For the most efficient option, join online with a credit card at [ICMA.org/join](http://ICMA.org/join) and start receiving member access and benefits immediately.

### A. Complete name and contact information

Mr.      Ms.

\_\_\_\_\_  
First Name                                  Middle Name                                  Last Name                                  Suffix                                  Nickname

#### Business

\_\_\_\_\_  
Job Title    Employer or School Name

\_\_\_\_\_  
Street Address or PO Box for mailings

\_\_\_\_\_  
City    State/Province    ZIP/Postal Code    Country

\_\_\_\_\_  
Bus. Phone    Bus. Fax    Bus. E-mail

#### Home

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City    State/Province    ZIP/Postal Code    Country

\_\_\_\_\_  
Home Phone    Cell Phone    Personal E-mail

Send ICMA mailings to <b>(select only one):</b>	Business street address	Business PO Box	Home address
Send ICMA bills to <b>(select only one):</b>	Business street address	Business PO Box	Home address
Send ICMA e-mail communications to <b>(select only one):</b>		Business e-mail	Personal e-mail

## B. Select your membership category

Full (voting) membership is for managers/administrators who serve in professional positions in all forms of local government as well as those senior staff who report to those managers and who have “significant general administrative responsibility.”

**Manager/Administrator:** ICMA has established six criteria (see below) that determine whether a professional management position has been established that gives the manager or chief administrative officer (CAO) the level of independence, authority, and responsibility necessary to function in a professional manner. If your position meets all six criteria, you are eligible for Full membership.

**Senior staff:** Staff with broad management responsibility (e.g. assistant and deputy managers/CAOs) who report to a CAO whose position meets the criteria below are eligible for Full membership. You must affirm that you occupy a position with “significant general administrative responsibility.”

Full (voting) member applicants are announced in *Leadership Matters*, member edition, as required by ICMA's Constitution. Current voting members have 60 days to file a written objection to an application for Full membership. Should an objection be raised, the candidate for membership will be notified and informed of the appeals process. If no objections are filed, the individual will be considered a Full member at the end of the 60-day period.

### Criteria for Full Membership for CAO (Mark N/A if a criterion is not applicable.)

- \_\_\_\_\_ **1. APPOINTMENT:** I occupy a position that is appointed by an elected representative or representatives and is directly responsible to an elected representative and/or representatives.
- \_\_\_\_\_ **2. POLICY FORMULATION:** I have significant responsibility in the development and analysis of public policy alternatives and in the implementation of policy once adopted. (This means I develop public policy alternatives and recommendations for consideration by elected officials and have access to the council and work with its members.)
- \_\_\_\_\_ **3. BUDGET:** I have major responsibility for the preparation and administration of the operating and capital improvements budget.
- \_\_\_\_\_ **4. APPOINTING AUTHORITY:** I exercise significant influence in the appointment of the key management personnel of the local government and particularly the appointment of the administrative and financial staff. (In other words, I have the authority to recommend the appointment of department heads and appoint a sufficient share of the management staff to control budget preparation and administration.)
- \_\_\_\_\_ **5. ORGANIZATIONAL RELATIONSHIPS:** I am recognized within the local government organization as the principal general management professional and have a continuing direct relationship with the operating department heads on the implementation and administration of the programs. (I also have direct supervision over department heads, and, at a minimum, my overall management responsibility includes the status of first peer among administrative peers.)
- \_\_\_\_\_ **6. QUALIFICATIONS:** I was appointed to the position based on my education and experience and on my qualifications to perform the duties and responsibilities of the position as defined by ICMA's Practices for Effective Local Government Management. (This criterion means that you have been chosen on merit, have significant administrative experience and educational background, and will fulfill the requirement of Tenet 7 of the Code of Ethics to remain politically neutral. It excludes the strictly “political” appointment. However, it doesn't mean that you must have local government experience.)

You are eligible for Affiliate (non-voting) membership if you serve in an appointed position in local government that does not meet these criteria. Most CAOs and assistant/deputy CAOs are eligible for Full membership and may not apply for Affiliate membership.\*

### Category of membership for which you are applying (select one):

#### Full Member

- \_\_\_\_\_ I am a chief administrator in a local government, council of governments, or state association of local governments, and my position meets all of the above criteria.
- \_\_\_\_\_ I am an assistant manager or other senior level staff who has been appointed by the chief administrator, reports to the chief administrator, and has significant general administrative responsibilities.

#### Affiliate Member

Any person who does not otherwise meet the qualifications for the above categories of membership.

\* Most CAOs and assistant/deputy CAOs are eligible for Full membership and may not apply for Affiliate membership.

**C. Review and sign adherence to ICMA Code of Ethics**

I have read the enclosed ICMA Code of Ethics and agree to follow it. I also understand that I am subject to the ICMA Rules of Procedure for Enforcement of the Code of Ethics. I meet the appropriate membership criteria.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**D. Complete dues payment information**

This application must be accompanied by dues payment in U.S. currency. ICMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense.

**Fees/Formulas for Dues Calculations**

**United States**

Full Member ..... 0.008 x annual salary, capped at \$1,400

**Affiliate Member**

Local government department head ..... \$200

Local government entry- to mid-management ..... \$150 First year of membership (\$175 Year 2 / \$200 Years 3+)

Local government intern or full-time student ..... \$25

Professor ..... \$165

Other ..... \$200

**International**

United Kingdom/SOLACE ..... US\$105

Non SOLACE member ..... US\$135

Canada/CAMA ..... US\$135

Non CAMA member ..... U.S. fee calculations

High-income countries ..... US\$135

Low- and middle-income countries ..... US\$70

Local government intern or full-time student ..... US\$25

**Payment Calculation**

1. Annual salary (including deferred compensation) ..... \$ \_\_\_\_\_

2. Annual dues (see formula above) ..... \$ \_\_\_\_\_

3. Voluntary contribution to the Future of Professional Management Fund\* ..... \$ \_\_\_\_\_

4. Total payment (line 2 + line 3) ..... \$ \_\_\_\_\_

\*Please consider supporting ICMA's Future of Professional Management, a new umbrella fund that combines *Life, Well Run* and the Fund for Professional Management. The fund helps advocate for professional local government management and the council-manager form of government, raise awareness about the profession, and inspire a new generation of local government leaders. To learn more, visit [icma.org](http://icma.org).

**Payment Options**

Enclosed is my check/money order, payable to ICMA in U.S. currency.

**For the most efficient option, join online with a credit card at [ICMA.org/join](http://ICMA.org/join) and receive a receipt immediately.**

**E. Complete personal, education, and employment information (optional)**

**Personal Information**

Your online profile does not include information on race or ethnicity.

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Hide birthdate from online profile

Gender: Male Female

Race (U.S. Only): American Indian or Native Alaskan Asian Black or African American  
 Native Hawaiian or Other Pacific Islander White Other I do not wish to disclose

Are you of Hispanic or Latino ethnic background (U.S. Only)? Yes No I do not wish to disclose

Spouse/Partner's name (if applicable): \_\_\_\_\_  
First Name Last Name E-mail Address

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

**Education**

Degree (e.g., MPA, BS)	Date Completed (MM/DD/YYYY)	Name of Institution	State/Province	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment Experience**

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

From (MM/DD/YYYY)	To (MM/DD/YYYY)	Name of Local Government/Other Employer	Title	State/Province	Country	Local Government?	
_____	_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	_____	Yes	No

**F. Return completed application with dues payment to ICMA**

ICMA Membership Payments  
 PO Box 79403  
 Baltimore, MD 21279-0403  
 United States

**Contact us**

membership@icma.org  
 202-962-3680  
 800-745-8780  
 fax 202-962-3678  
 icma.org/membership

**Office Use Only**

Date: \_\_\_\_\_ NL: Y \_\_\_\_\_ N \_\_\_\_\_ COE: \_\_\_\_\_  
 Staff: \_\_\_\_\_ Category: \_\_\_\_\_ Criteria: \_\_\_\_\_  
 Customer ID: \_\_\_\_\_ Source Code: \_\_\_\_\_

