

ICMA Membership Reinstatement Application

About ICMA

ICMA, the International City/County Management Association, advances leadership in local governments worldwide. Our mission is to advance professional local government through leadership, management, innovation, and ethics. ICMA provides member support; publications; data and information; peer and results-oriented assistance; and training and professional development to over 12,000 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.

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 **(select only one)**: Business street address Business PO Box Home address

Send ICMA bills to **(select only one)**: Business street address Business PO Box Home address

Send ICMA e-mail communications to **(select only one)**: Business e-mail Personal e-mail

B. 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 _____

C. 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, an 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.*

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 and receive a receipt immediately.

D. Complete employment information

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?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

E 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: _____

