



# Kansas Government Finance Officers Association Application for Membership

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

Title/Position: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Telephone: Voice \_\_\_\_\_ Fax \_\_\_\_\_

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

### Annual Membership Options *Please circle the applicable option:*

A. Full Membership           \$ 30.00

B. Associate Membership     \$250.00

To include the following 2 individuals in addition to the applicant:

	NAME	TITLE	ADDRESS	PHONE	FAX	E-MAIL
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

C. Student Membership.       \$ 5.00 I am currently a full-time student at \_\_\_\_\_

If you would like to participate in any of the following committees, please circle:

1. Program and Professional Development Committee
2. Legislative
3. Policy & Bylaws
4. Membership and Ethics
5. Newsletter/Publicity

I would like to participate in other ways: \_\_\_\_\_

If you have any comment regarding the organization or any suggested topics or programs you would like to see offered, please indicate below:

Mail completed application and the required fee to:

KSGFOA  
Treasurer  
PO Box 3943  
Wichita, KS 67201