



Kansas Government Finance Officers Association 2010 Application for Membership

Name: _____ Title/Position: _____

Employer's Name: _____

Address: _____ City, State Zip: _____

Telephone: Voice _____ Fax _____ E-mail: _____

Annual Membership Options

Please check the applicable option:

- A. Full Membership \$ 50.00 (an individual employed by a public entity)
- B. Associate Membership \$250.00 (a private entity with up to three individuals employed by that entity)
- C. Student Membership. \$ 5.00 I am currently a full-time student at _____

If Option B is chosen, please include the following 2 individuals as members, in addition to the applicant:

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

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

- 1. Programs and Professional Development Committee
- 2. Website
- 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