



TCMA Membership Application/Renewal Form

This application is for membership in the *Tennessee City Management Association* for the period beginning 1/1/08 and ending 12/31/08.

If you have any questions regarding membership, please contact Mitchell Moore, TCMA President, at (423) 744-2701 or Margaret Norris, TCMA Executive Director, at (865) 974-9063.

Please complete the following information for our records and return with your dues payment.

NAME: _____

NICKNAME: _____

TITLE: _____

- TYPE MEMBERSHIP:
- Full - \$60
 - Associate - \$60
 - Affiliate - \$60
 - Agency - \$300 or \$600
 - Student - Free
 - Honorary - Free
 - Business - \$300

EMPLOYER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

HOME ADDRESS: _____

HOME PHONE: _____

SPOUSE'S NAME: _____

Please make checks for dues payable to *TCMA* and mail to:

TCMA
P.O. Box 691
Alcoa, TN 37701-0691

OTHER INFORMATION:

Are you a member of *ICMA*? YES NO

If no, are you interested in membership? YES NO

How long have you been in your current position? _____

How long have you worked in your city/town? _____

How long have you been in the city management profession? _____