

All current and aspiring professionals of Alabama cities and counties are invited to join ACCMA and enjoy the many professional benefits available through membership, including discounted registration for each of the two annual educational events.

Applications for membership are accepted annually October 1 through November 30. Existing memberships renew annually on October 1.

Credit card payments are accepted online only. If paying by check, mail this completed form along with payment to: ACCMA, c/o GEDI, 22 Extension Hall, Auburn, AL 36849.

Membership Types

General - \$75/year: Open to City/County Managers or Administrators; Assistant Managers or Administrators; Clerks; Finance Directors; Accounting Clerks; Personnel Directors; and all administrative personnel

Associate - \$50/year: Open to Mayors; Council Members; Chairpersons; Commissioners; Alabama League of Municipalities or Association of County Commissions of Alabama staff; faculty and staff of any institution of higher learning in the State of Alabama; and any other person approved by the Board of Directors.

Corporate (Business) - \$150/year: Any business, firm or corporation authorized to do business in the State of Alabama that supports the purpose of the ACCMA and whose products or services do not compete with the Alabama League of Municipalities or the Association of County Commissions of Alabama.

Student - \$10/year: Any student enrolled in a degree program offered by an accredited college or university whose intent is to engage in a profession in public service.

For more information, email info@accma-online.org or call [\(334\) 844-4782](tel:3348444782).

Membership fees for ACCMA are used solely for the business expenses of the Association. ACCMA does not endorse any elected officials and does not make contributions to political campaigns.

Today's Date _____

About You

First Name _____

Last Name _____

Title _____

Organization _____

Mailing Address _____

Street Address _____

City _____

ZIP _____

How Can We Reach You?

Email _____

Phone _____

Membership Type

☐ General (\$75/year) ☐ Corporate (\$150/year)

☐ Associate (\$50/year) ☐ Student (\$10/year)

Billing Information

☐ Check enclosed with this application

Amount enclosed: \$ _____

☐ Invoice me

If you prefer one invoice for multiple individuals in your organization, be sure to include information for each additional member on page 2 of this application. Attached additional sheets if needed.

Need to Register Additional Members of Your Organization?

Full Name _____

Title _____

Email _____

Phone _____

Membership Type

- ☐ General (\$75/year) ☐ Corporate (\$150/year)
- ☐ Associate (\$50/year) ☐ Student (\$10/year)

Full Name _____

Title _____

Email _____

Phone _____

Membership Type

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