



FLORIDA ASSOCIATION OF CITY CLERKS

P.O. Box 1757, Tallahassee, FL 32302 | www.floridaclerks.org
Phone: 850-222-9684 | Fax: 850-222-3806 | Email: facc@flicities.com

To be included in the printed membership directory, please pay dues by September 4, 2023!

2023-2024 Membership Application Membership dues for August 1, 2023 – July 31, 2024.

REQUIREMENTS:

- Job description **MUST** accompany the application.
- **IF YOU ARE APPLYING FOR FULL OR ASSOCIATE MEMBERSHIP:** A signed letter from your city/town/village clerk (stating you meet the requirements for full or associate membership) **MUST** accompany the application, unless you are the city/town/village clerk.

Name _____ Job Title _____

Municipality/Organization _____

Mailing Address _____

City/State/Zip _____ County _____

Business Phone _____ Work Email* _____

Tenure as Municipal Clerk/Deputy Clerk: _____ months/years (if no tenure, please write 0)

Current Certification: CMC MMC

Membership Categories (Select One)

FULL MEMBERSHIP:

Full members are Florida municipal clerks, deputy municipal clerks, assistant municipal clerks, and/or an individual who serves a municipality in the municipal clerk's office in an administrative capacity with **management responsibilities** and whose duties include four of the following: (*check all that apply; YOU MUST CHECK AT LEAST 4 DUTIES*)

- General Management Records Management Financial Management Meeting Administration
 Human Resources Management Custody of the official seal and execution of official documents
 Elections Management of by-laws, articles of incorporation, ordinances or other legal instruments

ASSOCIATE MEMBERSHIP:

Associate members are individuals who were designated as full members prior to retirement; individuals serving a local municipal legislative body who performs duties relative to the office of the municipal clerk, who do not qualify for full membership; or an out-of-state municipal clerk. Associate members do not have the right to vote, hold office or obtain certification. Associate members may participate in educational programs and may apply for certification upon assuming the job of clerk or deputy clerk.

STUDENT MEMBERSHIP:

I am attending _____ (insert name of college/university). [Click here](#) for more information on student membership.

Membership Fees (Select One)

Active Membership – dues based on municipal population.

- | | | |
|---|--|---|
| <input type="checkbox"/> 20,000 & under \$ 75.00 | <input type="checkbox"/> 50,001 - 100,000 \$125.00 | <input type="checkbox"/> Associate Membership \$ 75.00 |
| <input type="checkbox"/> 20,001 - 50,000 \$100.00 | <input type="checkbox"/> 100,001 & over \$150.00 | <input type="checkbox"/> Student Membership \$ 10.00 |

Dues will be paid by Municipality: Yes No

Dues will be paid by Self: Yes No

FACC Florida Education Fund (FEF) Annual Pledge (optional)

- | | | |
|--|--|---|
| <input type="checkbox"/> Friend \$ 5.00 | <input type="checkbox"/> Silver \$ 10.00 | <input type="checkbox"/> Gold \$25.00 |
| <input type="checkbox"/> Diamond \$50.00 | <input type="checkbox"/> Platinum \$100.00 | <input type="checkbox"/> Other \$ _____ |

I hereby swear or affirm I am eligible for the membership classification of _____.
(insert the word full, associate or student membership)

Signature _____

Date _____

*By providing/confirming your email address, you hereby authorize the Florida League of Cities and the FACC to communicate with you via facsimile at the number above, or by email at the email address provided above.

When the application review is complete, you will be sent an invoice for payment.

Return your application to: FACC | P.O. Box 1757 | Tallahassee, FL 32302 | Fax 850-222-3806 | facc@flicities.com