FLORIDA ASSOCIATION OF CITY CLERKS

P.O. Box 1757, Tallahassee, FL 32302 | www.floridaclerks.org
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2026-2027 Membership Application

Membership dues for Fiscal Year August 1, 2026 – September 30, 2027.

NOTE: In order to be included in the printed membership directory, please pay dues by October 9, 2026.

Print Your Name _____

Application Requirements and Process

1. Fill out this application entirely.
2. Obtain a copy of your job description.
3. Obtain a signed letter from your City/Town/Village Clerk stating you meet the requirements for full or associate membership, UNLESS you are the City/Town/Village Clerk then no letter is required.
4. **Email the application, job description and letter (if letter is applicable) to facc@flcities.com.**
5. Once you have submitted your application, the FACC Membership Committee will review your application. Note, there is a chance you may not be approved for the membership type you are applying for. Once approved, FACC staff will contact you and email you a dues invoice at that time. Please do not submit payment until you have been approved for membership and FACC staff has sent you a dues invoice.
6. Note per the FACC Policies, first time members joining February 1 through July 31 are allowed to pay membership dues at a reduced rate of half the full year dues amount.

Membership Categories (Select One)

☐ **Full Membership (check all that apply; YOU MUST CHECKMARK AT LEAST 4 DUTIES):**

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:

☐ 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 or hold office. Associate members may participate in educational programs and may apply for full membership upon assuming the job of Clerk or Deputy Clerk.

☐ **Student Membership:** I am attending _____ (insert name of college/university). For information on student membership, email facc@flcities.com.

Membership Fees (Select One)

Dues are based on municipal population.

☐ 20,000 & under.....$110

☐ 20,001 - 50,000.....$135

☐ 50,001 - 100,000.....$160

☐ 100,001 & over.....$185

☐ Associate Membership…….$110

☐ Student Membership.....$35

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

The Florida Education Fund (FEF) was created in 2013 and is used exclusively for the purpose of providing highly sought after facilitators and other esteemed education professionals and programs that may far exceed our association budget.

☐ Friend .....$5 ☐ Silver .....$10 ☐ Gold $25

☐ Diamond .....$50 ☐ Platinum .....$100 ☐ Other .....$____

☐ I pledge monthly or annually: _____

Member Information (Complete All)

1. Name _____
2. Job Title _____
3. Municipality/Organization _____
4. Mailing Address _____
5. City/State/Zip _____
6. County _____
7. Business Phone _____
8. Work Email* _____
   **By providing/confirming your email address, you hereby authorize the Florida League of Cities and the Florida Association of City Clerks to communicate with you via email at the email address provided above.*
9. Tenure as a Municipal Clerk/Deputy Clerk (<u>if no tenure, write 0</u>): _____months ____years

Current Certification: ☐ CMC ☐ MMC

10. Dues will be paid by Municipality: ☐ Yes ☐ No
11. Dues will be paid by Self: ☐ Yes ☐ No
12. I hereby swear or affirm I am eligible for the membership classification of _____.
    (write full, associate or student)

_____ _____
Signature Date

Before Submitting Your Application

1. Did you fill this application out <u>entirely</u>?
2. If you are applying for full membership, did you checkmark at least 4 duties?
3. Did you enter the word full, associate or student for question #13?
4. Did you sign the application?
5. Did you attach your job description?
6. If you are <u>not</u> a City/Town/Village Clerk, did you attach a signed letter from your City/Town/Village Clerk stating you meet the requirements for the type of membership you are applying for?
7. Email the application, job description and letter (if letter is applicable) to facc@flcities.com.