



Membership Application

Full Membership \$75.00

Associate Membership \$75.00

Name of Municipality _____

Mailing Address _____

City, State, Zip _____

E-Mail Address _____ Phone(s) _____

Population of Municipality _____

	NAME		AMOUNT
City Clerk*	_____	Full Membership	\$ _____
City Treasurer*	_____	Full Membership	\$ _____
	_____	Associate	\$ _____
	_____	Associate	\$ _____
		Total Due	\$ _____

***If you serve as Clerk & Treasurer, only pay one membership fee. Membership dues were changed with the acknowledgement of membership at the annual business meeting held on October 20, 2023.**

Board Member/Committee Application

Please indicate your interest in serving on the OMCTFOA Board and/or Committees below:

OMCTFOA Officer Membership	_____	Boardmember Legislative Committee	_____
Committee Nominating Committee	_____	Institute Advisory Committee	_____
Conference Moderator	_____	Conference Hospitality Committee	_____
Speaker	_____	Topic: _____	_____

I am willing to assume the responsibility of the position to which I am elected or appointed and feel I have the time and resources to devote to the position. Further, I have the support of my Governing Board/Commission and supervisor.

Signature of Candidate

Date

*(*Dues shall be payable to the Association Treasurer on January 1st each year and shall be considered delinquent on February 28th)*

Please make money order or check out to OMCTFOA.

**OMCTFOA Treasurer
C/O OMAG
3650 South Boulevard
Edmond, OK 73013-5581**