

## New York State City/County Management Association

newyorkcma.org

## **MEMBERSHIP APPLICATION AND DUES**

NOTICE June 1, 2023 May 31, 2024

## **Membership Categories**

Active Member: Any person who is the appointed CEO/CAO of a NYS municipality or authority. Active members are eligible to hold office in NYSCMA. <b>Dues are \$400.00.</b>		
Associate Member: Any person appointed by a CEO/CAO to a position having significant administrative		
responsibilities oriented to a municipal management care NYSCMA. <b>Dues are \$175.00</b>	er. Associate Members are eligible to noid oπice in	
Sponsor/Vendor: Dues \$150.00		
Cooperating Member: Any person employed by a NYS municipality who has municipal management as a career		
objective or has attained a position in a field of specialization that qualifies them to contribute to the advancement		
of professional knowledge and practice of management; or is a former Active or Associate Member no longer		
directly involved in municipal management. <b>Dues \$150.00</b>		
Faculty: Any person actively employed as faculty by a college or university. Dues are \$100.00		
Student Member: Any full-time or part-time student in public administration or affairs at a recognized college or		
university who intends to follow a career in municipal government and who is not eligible for membership under		
any other category. <b>Dues are waived.</b>		
Alum Member: Any alum of a graduate MPA program, after one year, who did not enter public employment,		
but remains interested, or may be inclined to enter the public sector in the future. <b>Dues are \$50.00.</b>		
Life Member: Any person who has retired from the field and who was, at the time of retirement, an Active Member of the Association or its predecessors, the MMANYS and CMANYS. Dues are waived.		
Member in Transition: Dues are waived for one (1) year for any Active or Associate Member in transition at the		
time of dues renewal.		
Name	Title	
Municipality (if applicable)		
Business/Mailing Address	Home Address (optional)	
City, State ZIP	City, State ZIP (optional)	
Email address		
Phone		

Return this form with your check payable to NYSCMA by Sept. 30, 2023 to: