



Membership Application

Please type or print information in ink and mail to:
League of Kansas Municipalities
Attn: Tracy McDanel
300 SW 8th St., Ste. 100
Topeka, KS 66603
Fax: 785-354-4186
E-mail: tmcdanel@lkm.org

(First Name)

(Middle Initial)

(Last Name)

(Title)

Business Address:

(Employer)

(Street Address)

(City/State) (Zip Code)

(Business Phone)

(E-mail address)

Home Address:

(Street Address)

(City/State) (Zip Code)

(Home Phone)

I. MEMBERSHIP CATEGORIES

- A. Is this application for a new membership in KACM, an upgrade of existing membership, or a reinstatement of membership?

New Membership Upgrade of Membership Reinstatement of Membership

- B. Category of membership for which you are applying (check one):

FULL MEMBER

- a. A city manager, city administrator, county administrator, or other chief administrative officers employed by a Kansas municipality having a statutory manager form of government created by state statute, local ordinance, or local resolution.
- b. A deputy, assistant manager or assistant administrator of a city or county, who is appointed and under the direction of a manager or administrator and has attained one or more years of responsible municipal or county administrative experience. (A job description and letter approving this membership application signed by the administrative head of the city or county where the person is employed must accompany the application).

ASSOCIATE MEMBER

- a. Any person who is serving as an administrative assistant, or some similarly titled position under the direction of a city or county manager or administrator and who has attained one or more years of responsible municipal experience. (Application made by a person identified in this category must be accompanied by a job description and letter signed by the chief administrative officer approving the membership application).
- b. Any individual employed by a city, county or other governmental entity with the official title of director of administration, city superintendent or other chief administrative title not meeting all the requirements for full membership.

_____ **COOPERATING MEMBER**

- a. Any general city or county management positions not meeting the qualifications for full or associate membership.
- b. Any person who has been a member of good standing in the association who has resigned or been removed from his or her position with a city or county and is employed in a position which would not qualify for any other membership category, provided the requirements of Article VI, Section 4c of the By-laws of the organization are met.

_____ **STUDENT MEMBER**

- a. Any person who is registered as a student in a college or university public administration program.

_____ **HONORARY MEMBER**

- a. Any member chosen because of distinguished service in the field of city or county management. Said membership shall be initiated by the Board of Directors and approved by a majority vote of the membership.

II. PROFESSIONAL HISTORY

A. EDUCATION (List only completed undergraduate and graduate degrees).

Degree	Year	Subject	Name of Institution	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. EMPLOYMENT EXPERIENCE (List employment history in reverse chronological order beginning with your current position).

From (Mo./Yr.)	To (Mo./Yr.)	Title	Name of Local Government or Other Employer	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. OFFICES, TASK FORCES AND COMMITTEES (Include any other municipal or county task forces and/or committees you may have served on)

From (Year)	To (Year)	Office/Task Force/Committee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. MEMBERSHIP DUES

Membership dues are based upon member type and the population of your city/county. Please check the appropriate amount corresponding to your city size. KACM dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense, if you personally pay.

Upon approval of your application, you will be billed for the amount checked.

MEMBER TYPE	POPULATION	DUES	AMOUNT
FULL	Less than 7,000	\$70.00	
	7,001 - 15,000	\$140.00	
	15,001 and over	\$210.00	
	Counties	\$210.00	
ASSOCIATE	Less than 7,000	\$35.00	
	7,001 - 15,000	\$65.00	
	15,001 and over	\$125.00	
	Counties	\$125.00	
COOPERATING	Regardless of population	\$45.00	
STUDENT	Regardless of population	\$30.00	
HONORARY	Dues waived by Board of Directors	N/A	

IV. ENDORSEMENT FOR MEMBERSHIP

Application for membership as a Full, Associate or Cooperating Member requires endorsement by two current Full or Associate Members of KACM.

ENDORSEMENT #1

ENDORSEMENT #2

Name and Title (Please Print)

Name and Title (Please Print)

Local Government

Local Government

Signature Date

Signature Date

V. APPLICANT SIGNATURE & CODE OF ETHICS AGREEMENT

I hereby apply for membership in KACM. I have read the ICMA Code of Ethics adopted by KACM and agree to abide by it. I meet the appropriate membership criteria, have completed my professional history, and have the required signatures.

Signature Date

Signature Date

