



MTCMA
 Maine Town, City and County
 Management Association
 A State Affiliate of ICMA

Local Government Center
 60 Community Drive
 Augusta Me 04330-9486

1-800-452-8786
 207-623-8428
 Email: Training@memun.org

MAINE TOWN, CITY AND COUNTY MANAGEMENT ASSOCIATION-MEMBERSHIP APPLICATION

Name:	Title:
Municipality/County:	Telephone:
Email:	
Address:	

Membership Selection

<p>Full Corporate Member Serves as the full time administrative head of a municipality/county recognized by the Association as operating under a manager plan set forth in the Article VII of MTCMA bylaws. Serves as a full time administrative assistant, assistant municipal/county manager or assistant administrator, however designated, having significant general administrative responsibility in a municipality/county recognized by the Association as operating under a manager plan set forth in the Article VII of MTCMA bylaws.</p>
<p>Associate Member Any person who has been a Full Corporate member or member in good standing, and is not serving in the capacity of public administration, but would like to remain involved in MTCMA; or any person who is employed by a municipality or county government and serves in an entry level, mid-management, or department director/head role (sponsorship required, see below)</p>
<p>Partner Member Any person who during their professional affiliation qualifies them to cooperate or partner with members of MTCMA. Applicants that do not qualify for a Full Corporate Member will be considered for Partner Member. This selection requires two (2/3) vote of Board of Directors.</p>
<p>Student Member Any person enrolled in a secondary or post-secondary education program related to Public Administration. This selection requires affirmative majority vote of the Membership Committee and is reviewed annually.</p>

Experience

A. Municipal/County Positions (appointed, elected, volunteer)

I have been a Municipal/County Manager for _____ Years

If appointed or elected position, please note term expiration

Please list present position first; if additional space is needed please attach a separate sheet

Town/City/County & State	Position (s)	From/To

B. Other Experience

Education

Degree	Date	Name of Institution

Professional Organizations

List professional organizations to which you belong

If additional space is needed, please attach a separate sheet

Organization	Office or Position Held (if any)

Signature and Acknowledgements

Initial Here

	I have read and agree to abide by the MTCMA Code of Ethics		
	I meet the appropriate membership criteria for the category I am applying		
	I understand that as a member I cannot: <ul style="list-style-type: none"> Be a candidate for an elected public office while serving as a professional manager Serve as an elected public official while serving as a professional manager Have served as an elected public official in the community I serve in the past 12 months Otherwise violate Maine Law 30A M.R.S.A § 2606 		
	I hereby authorize MTCMA to use my photograph publicly to promote the Association. I understand that the images may be used on the www.mtcma.org website and in print or online publications or presentations. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.		
<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature of Applicant:</td> <td style="width: 30%;">Date:</td> </tr> </table>		Signature of Applicant:	Date:
Signature of Applicant:	Date:		

The MTCMA would like to provide all applicants with the opportunity to disclose any information that could affect the Board's decision to grant membership to the Association. Please attached a signed statement with any information you feel the Board should consider when reviewing your application for membership.

Mail your completed application to MTCMA 60 Community Dr. Augusta, Me. 04330 or email to Training@memun.org

Questions? Call the MTCMA Office at MMA: 1-800-452-8786

Attached is a copy of the Maine Town, City and County Management's Code of Ethics Tenets. It is the foundation by which we judge our professional conduct. Please contact MTCMA for any questions about your ability to comply with any ethics provision.

Upon receipt of this membership application form, your name will be placed on the MTCMA website as a new member applicant. Once the two-week period for application review has been met you will receive a dues form with instructions. **Please do not send dues payment with this application.**



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**ASSOCIATE MEMBER
 SPONSORSHIP FORM**

An Associate Member candidate who **has not** been a full, corporate member of MTCMA, must be sponsored by a full corporate member as part of their application process.



Please have the Sponsor complete this form and return it with your application.

Sponsor Name:	Title:
Municipality/County:	Telephone:
Email:	
Address:	
Comments About Applicant:	
Signature of Sponsor:	
Date:	