

2017 PARTNER PROGRAM

Company Name _____

Name _____ **Title** _____

Address _____ **City/State/Zip** _____

Phone _____ **Email** _____ **Website** _____

Code of Professional Ethics - IGFOA Executive Board policy requires that all active members of the Association shall adhere to the Government Finance Officers Association of the United States and Canada Code of Professional Ethics. Indicate your acceptance here. Yes

☐ **IGFOA SUSTAINING PARTNER DUES (2 members - list below)** **\$4,800**

Name _____ Email _____

Name _____ Email _____

☐ Additional Sustaining Partner Member - Name _____ Email _____ \$ 200

☐ Additional Sustaining Partner Member - Name _____ Email _____ \$ 200

☐ **IGFOA ASSOCIATE PARTNER Dues (1 member - list below)** **\$2,700**

Name _____ Email _____

☐ Additional Associate Partner Member - Name _____ Email _____ \$ 225

☐ Additional Associate Partner Member - Name _____ Email _____ \$ 225

☐ **NON-PARTNER - (1 individual - list below)** **\$ 600**

☐ Name _____ Email _____

TOTAL AMOUNT DUE: **\$** _____

PAYMENT INFORMATION

___ Check – mail to IGFOA, 800 Roosevelt Road, Building C, Suite 312, Glen Ellyn, IL 60137

___ Credit card - use the on-line form at www.igfoa.org