

**ILLINOIS GOVERNMENT FINANCE OFFICERS ASSOCIATION
2018 Public Sector Membership Dues Form**

Government Name _____ Phone _____

Address _____ City, State Zip _____

Code of Professional Ethics - The IGFOA bylaws require 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 Public Sector Membership Dues are based on population served as determined at most recent U.S. Census and include the first individual membership for each government. Each additional member's dues from the same entity is \$100.

Primary Member select your dues amount based on Population Served (as determined at most recent U.S. Census)

- | | |
|---|--|
| <input type="checkbox"/> Less than 5,000 = \$150.00 | <input type="checkbox"/> 25,000-74,999 = \$300.00 |
| <input type="checkbox"/> 5,000-14,999 = \$200.00 | <input type="checkbox"/> 75,000-124,999 = \$400.00 |
| <input type="checkbox"/> 15,000-24,999 = \$250.00 | <input type="checkbox"/> 125,000 + = \$500.00 |

- | | | | |
|--|-------------|-------------|-------|
| <input type="checkbox"/> Primary Member _____ | Title _____ | Email _____ | |
| <input type="checkbox"/> Additional Member _____ | Title _____ | Email _____ | \$100 |
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| <input type="checkbox"/> Additional Member _____ | Title _____ | Email _____ | \$100 |
| <input type="checkbox"/> Additional Member _____ | Title _____ | Email _____ | \$100 |
| <input type="checkbox"/> Additional Member _____ | Title _____ | Email _____ | \$100 |

TOTAL 2018 DUES \$ _____

PAYMENT INFORMATION - (Checks payable to IGFOA)

___ Check – mail to IGFOA, 800 Roosevelt Road, Building C, Suite 312, Glen Ellyn, IL 60137
 ___ Credit Card - Card number: _____ Exp: ____/____ Security Code: _____
 Name on Card: _____ Signature: _____

IGFOA membership dues are not refundable. Dues are paid on a calendar year basis January – December. For additional information on IGFOA membership, visit www.igfoa.org.