

**Kentucky Government Finance Officers Association**

**Membership Form**

July 1, \_\_\_\_\_ thru June 30, \_\_\_\_\_

(Please type or print)

Government Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Contact Member Information**

Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employment Date: \_\_\_\_\_  
Current Position Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Membership Type:      New (   )      Renewal (   )

**Additional Members Included in Organizational Fee**

Name	Title	Phone	Fax	Email

**Membership**

Active membership may be held in KGFOA by any person who is eligible for Government Finance Officers Association (GFOA) active membership and is interested in the principles and practices of governmental finance and who subscribes to the purposes of KGFOA. Active membership may also be maintained by members of other statewide professional organizations and the Board of Directors may grant reciprocity to those individuals.

**Annual Fee**

The annual membership fee is set by the Executive Board for the period beginning July 1 and ending June 30. The current membership fee is \$50.00 per member with a maximum fee per government organization set at \$100.00. If your membership is one of several within the same organization, the organization may feel free to make a single payment for all members.

**Please make your check payable to KGFOA. Mail this form and payment to:**

**Kentucky Government Finance Officers Association  
c/o Betty A. King, CPA, CGFM, Treasurer  
110 Rosewood Drive  
Bardstown, KY 40004**

Please complete the following:

Check No \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

I have read and understand the requirements of membership and, by my signature, declare eligibility for the memberships listed above in KGFOA.

Date \_\_\_\_\_ Signature \_\_\_\_\_