



**FY 2016-17 Individual Membership Dues
INVOICE FORM**

Please check the appropriate box below:

- | | | |
|--------------------------|----------------------------|-----------------|
| <input type="checkbox"/> | CCMF Member-Active | \$400.00 |
| <input type="checkbox"/> | CCMF Member-Retired | \$150.00 |
| <input type="checkbox"/> | Donation | \$ _____ |

Please fill out, print and send this Invoice Form--along with your check--to "CCMF" at:
1400 K Street, Suite 400, Sacramento, CA 95814 **(PLEASE NOTE ADDRESS!)**

Make checks payable to "California City Management Foundation." To pay by credit card and register online, please visit <http://www.cacitymanagers.org/paynow>

Please provide the following contact information:

Full Name

Title (or "Retired")

Work Mailing Address (or Home Address if retired): Street #, Street Name, Apt #, City, Zip Code

City or Organization, if applicable

Work Email Address, if applicable

Personal Email Address (so we can stay in contact if you change jobs or retire)

Personal Telephone Number (so we can stay in contact if you change jobs or retire)

If you have any questions regarding this Invoice, please contact **Meghan McKelvey** at 916-658-8253 or via e-mail at membership@cacitymanagers.org.

CCMF Tax ID#: 68-0058972