



**2018-19 Individual Membership Dues  
INVOICE FORM**

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Please check the appropriate box below:

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

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 <https://www.cacitymanagers.org/paynow>

Please provide the following contact information:

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**Full Name**

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**Title (or "Retired")**

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

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**City or Organization, if applicable**

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**Work Email Address, if applicable**

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

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**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](mailto:membership@cacitymanagers.org).

**CCMF Tax ID#: 68-0058972**