

ALABAMA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.



PLEASE PRINT OR TYPE ALL INFORMATION

MEMBERSHIP FORM

(January 1st thru December 31st)

Title: _____ First Name _____ Last Name _____

Employer: _____

Job Title: _____ City of Employment: _____

HOW WOULD YOU LIKE TO BE CONTACTED?

Work email: _____ Work phone: (____) _____

Alternate email: _____ Alternate phone: (____) _____

Work address: _____

Alternate address: _____

PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, AGENCY, AND EMAIL POSTED:

MEMBERSHIP STATUS

Active member – Must be a CPM graduate. Graduation Year:

Associate Member – Any person who is currently enrolled or has successfully completed the first level of the Alabama Certified Public Manager Program ®.

Associate Retired Member - Any person who has retired and holds a CPM designation.

ANNUAL MEMBERSHIP DUES and COMMITTEES

Notifications will be emailed in January of each year

\$40.00 due each January – Active Members

\$30.00 due each January – Associate members

Make checks or money orders payable to:

ALABAMA SOCIETY OF CPM, INC. (or ASCPM, INC.)

Contact Number: Jerry Short 334-353-1970 (or)
Tricia Jackson 334-263-8442

Attn: Membership Committee
400 South Union Street, Suite 100
Montgomery, AL 36104

Please indicate your willingness to participate on one or more of the following committees:

___ Nominations and Elections Committee

___ Finance Committee

___ Bylaws and Ethics Committee

___ Publications & Publicity Committee

___ Social Event Committee

___ Program Committee

___ Membership Committee

Signature: _____ Date: _____