



174 Crestview Drive, Bellefonte, PA 16823-8516
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Membership Application

The Government Finance Officers Association of PA is the premier professional organization for individuals who deal with finances at all levels of government throughout the state. GFOA-PA supports three Pennsylvania regions. By joining, you are automatically enrolled in the region for your county. You may, however, select to have your regional membership in a different area than where you work or live.

How did you hear about us? Statewide Event Regional Event Email Referred by _____

Name _____ Title _____

Employer _____ County _____

Work Mailing Address _____

City _____ State _____ Zip _____

If mailing address is different than the actual address, also provide the street address below:

Work Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____ Cell Phone _____

Email _____ Website _____

Notice: You are strongly encouraged to supply your e-mail address so your association can provide you with increased communication and greater value for your membership dollar. By completing this information you are agreeing to accept electronic notices and news as part of your membership.

Types of membership, qualifications, and membership fees (check one):

Membership follows a calendar year (January 1 to December 31). Dues are payable by January 1 of each year.

- Regular/Government:** Any public official or employee, elected, appointed or employed by a local government unit, school district or agency thereof in a position related to finance, accounting, auditing, budgeting, treasury, data processing, pension or other fiscal capacity is entitled to regular membership. Membership fee: \$75
- Associate:** Any individual not eligible for regular membership and who is interested in the principles and practices of government finance, and who subscribes to the purpose of GFOA-PA is eligible for Associate Membership. Associate members are automatically enrolled as members of all three regional chapters. Membership Fee: \$120

Indicate the Category of Your Specialty Area:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting/Auditing | <input type="checkbox"/> Actuarial Services | <input type="checkbox"/> Appraisal Services | <input type="checkbox"/> Architectural Services |
| <input type="checkbox"/> Banking/Cash Management | <input type="checkbox"/> Banking/Trust/Customer Service | <input type="checkbox"/> Benefits Consulting | <input type="checkbox"/> Computer Hardware |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Cost Allocations | <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Financial Printer |
| <input type="checkbox"/> Investment Products/Services | <input type="checkbox"/> Leasing | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Municipal Bond Underwriting | <input type="checkbox"/> Pension Consulting | <input type="checkbox"/> Pension Portfolio Management | <input type="checkbox"/> Rating Agency |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Tax Services | Other _____ | |

- Academic:** Special rate for full-time faculty members providing course instruction in a Finance or Public Administration curriculum at an accredited institution of higher education. Membership fee: \$25
- Student:** Special rate for full-time students enrolled in a Finance or Public Administration curriculum at an accredited institution of higher education. Membership fee: \$25
- Retired:** Special rate for any person retired from a position qualifying for Regular Member and not employed in a field that would qualify for Associate Member. Membership fee: \$25

Total Amount of Payment: \$ _____ Please email me a receipt for my records.

TO MAIL application, enclose check payable to GFOA-PA, and send form to: 174 Crestview Drive, Bellefonte, PA 16823
TO FAX application, provide credit card information below and fax form to the Business Office Fax: 814-355-2452

Credit Card Information: Visa MasterCard (Only Visa and MasterCard can be accepted)

Print Name on Account _____ Exp. Date _____ Security Code _____

Account Number _____ Authorization Signature _____