



**Kansas Government Finance Officers Association
2016 Application for Membership**

Name _____ Title/Position _____

Employer's Name _____

Address _____ City, State Zip _____

Telephone _____ Fax _____ E-mail _____

Annual Membership Options

Please check the applicable option:

- Full Membership \$ 50.00 (an individual employed by a public entity)
- Associate Membership \$250.00 (a private entity with up to three individuals employed by that entity)
- Student Membership. \$ 5.00 I am currently a full-time student at _____

If Option B is chosen, please include the following 2 individuals as members, in addition to the applicant:

NAME	TITLE	E-MAIL
1. _____	_____	_____
2. _____	_____	_____

If you have any comment regarding the organization or any suggested topics or programs you would like to see offered, please indicate below:

Mail completed application & required fee to: KSGFOA c/o HWS 1845 Fairmount Wichita, KS 67260