



MFMA MEMBERSHIP APPLICATION

Name: _____ Date: _____

E-Mail: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____ City, State, Zip: _____

Title or Position: _____ Capacity of Position: Operations or Maintenance Please circle one

Total Fleet Size	Large Trucks	Medium Trucks	Small Trucks	Police	Fire	Off-Road	Other
<i>Provide three (3) references of other government fleet managers that you know and one (1) MFMA Member, below</i>							
Name	Address			Phone	Municipality		
1.							
2.							
3.							
4.							

Qualifications for membership, according to the current by-laws, are as follows:

MUNICIPAL MEMBERSHIP: Any public agency of governmental unit shall be eligible for a municipal membership as long as they operate a fleet of vehicles or equipment. Each municipal membership shall be allowed up to three (3) representatives, but the Municipal Membership will only be allowed one (1) vote, regardless of the number of representatives, included. All of the municipal representatives shall be entitled to all rights and privileges of membership. **Membership dues are \$50.00 per year, payable and due by May 1 of each calendar year**, to be considered "Current" with their membership.

ELIGIBILITY: To retain membership status you must be current with the dues for the current fiscal year, unless other arrangements have been set up, prior to deadline date. Members not meeting this requirement will no longer have membership and they will be removed from the mailing list and all privileges associated with the membership.

A PERSON WHO APPLIES FOR MEMBERSHIP, AND IS OTHERWISE ELIGIBLE FOR MEMBERDHIP, SHALL NOT BE DENIED MEMBERSHIP ON THE BASIS OF RACE, COLOR, SEXUAL ORINTATION, CREED OR COUNTRY OF ORIGIN.

Sponsoring Member Signature	Date	Applicant Signature	Date
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