



**MAINE TOWN, CITY AND COUNTY MANAGEMENT ASSOCIATION-MEMBERSHIP APPLICATION**

Name:	Title
Municipality:	Telephone:
Email:	
Address:	

**Membership Selection**

<p><b>Full Corporate Member</b>          Serves as the full time administrative head of a municipality/county recognized by the Association as operating under a manager plan set forth in the Article VII of MTCMA bylaws.           Serves as a full time administrative assistant, assistant municipal/county manager or assistant administrator, however designated, having significant general administrative responsibility in a municipality/county recognized by the Association as operating under a manager plan set forth in the Article VII of MTCMA bylaws.</p>
<p><b>Associate Member</b>          Any person who has been a Full Corporate member and is no longer serving in the capacity of public administration but would like to remain involved in MTCMA.</p>
<p><b>Manager/Administrator in Transition</b>          Any Full Corporate Member in good standing that has resigned or been removed from a position. Eligibility consideration is for up to three (3) years from date of next membership cycle. The member must be actively pursuing a position in public administration.</p>
<p><b>Partner Member</b>          Any person who during their professional affiliation qualifies them to cooperate or partner with members of MTCMA. Applicants that do not qualify for a Full Corporate Member will be considered for Partner Member. This selection requires two (2/3) vote of Board of Directors.</p>
<p><b>Student Member</b>          Any person enrolled in a secondary or post-secondary education program related to Public Administration. This selection requires affirmative majority vote of the Membership Committee and is reviewed annually.</p>

**Experience**

A. Municipal/County Positions (appointed, elected, volunteer)

I have been a Municipal/County Manager for \_\_\_\_\_ Years

If appointed or elected position, please note term expiration

Please list present position first; if additional space is needed please attach a separate sheet

Town/City/County & State	Position (s)	From/To

B. Other Experience


### Education

Degree	Date	Name of Institution

### Professional Organizations

List professional organizations to which you belong

If additional space is needed, please attach a separate sheet

Organization	Office or Position Held (if any)

### Signature and Acknowledgements

<input type="checkbox"/>	I have read and agree to abide by the MTCMA Code of Ethics
<input type="checkbox"/>	I meet the appropriate membership criteria.
<input type="checkbox"/>	I have not violated 30A M.R.S.A § 2606
Signature of Applicant:	Date

The MTCMA would like to provide all applicants with the opportunity to disclose any information that could affect the Board's decision to grant membership to the Association. Please attached a signed statement with any information you feel the Board should consider when reviewing your application for membership.

#### Please return this form to:

Maine Town, City and County Management Association  
60 Community Drive  
Augusta ME 04330

#### Questions?

**Call the Affiliate Group/MTCMA Office at MMA: 1-800-452-8786**

Attached is a copy of the Maine Town, City and County Management's Code of Ethics. It is the foundation by which we judge our professional conduct. Please contact an MTCMA member for clarification should you have any questions about your ability to comply with any ethics provision.

Upon receipt of this membership application form, your name will be placed on the MTCMA website as a new member applicant. Once the two-week period for application review has been met you will receive a dues form with instructions. **Please do not send dues payment with this application.**