



**KENTUCKY**  
**Society of Certified Public Managers®**  
**P.O. Box 42**  
**Frankfort, Kentucky 40602-0042**

TYPE            \_\_\_\_\_ CPM            \_\_\_\_\_ Associate            \_\_\_\_\_ Affiliate  
  
                  \_\_\_\_\_ New            \_\_\_\_\_ Renewal            FOR YEAR \_\_\_\_\_            SINCE \_\_\_\_\_

PERSONAL INFORMATION

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

WORK ADDRESS (city/zip code): \_\_\_\_\_

HOME ADDRESS (city/zip code): \_\_\_\_\_

PHONE:        Work    (   \_\_\_  )   \_\_\_\_\_

                  Fax     (   \_\_\_  )   \_\_\_\_\_

                  Home   (   \_\_\_  )   \_\_\_\_\_

                  Email \_\_\_\_\_

INDICATE AREA OF COMMITTEE INTEREST IN KSCPM:

Election \_\_\_\_\_ Membership \_\_\_\_\_ Publication \_\_\_\_\_ Finance \_\_\_\_\_ Program \_\_\_\_\_

**MAKE CHECK PAYABLE TO:            KENTUCKY SOCIETY OF CPMs - \$50.00**

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**PLEASE DO NOT PUBLISH MY MEMBERSHIP INFORMATION IN ANY ORGANIZATIONAL DIRECTORY.**