

Kentucky Society of Certified Public Managers®



Name _____

Date Retiring _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

_____ I do want my name and home address in the membership directory

_____ I do NOT want my name and home address in the membership directory

Mail to:

KSCPM
POB 42
Frankfort, KY 40602-0042

E-Mail to:

rebecca.conley@ky.gov

-OR-

helen.koger@ky.gov

Please notify us at least (2) weeks prior so we can change information in the database.

Must be a current KSCPM member.