



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/zipcode): _____

HOME ADDRESS(city/zipcode): _____

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 - \$45.00
Dues are payable by December 31st. Need TP# for state payment, if check is not with registration.
eMars Vendor # VC0000136386

(Dues entitle applicant to membership in the Kentucky Society of Certified Public Managers® as well as the American Academy of Certified Public Managers®.)

PLEASE DO NOT PUBLISH MY MEMBERSHIP INFORMATION IN ANY ORGANIZATIONAL DIRECTORY.