



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

TYPE LIFE

PERSONAL INFORMATION

NAME: _____

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 - \$20.00

Dues are payable by December 31st.

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

PLEASE DO NOT PUBLISH MY MEMBERSHIP INFORMATION IN ANY ORGANIZATIONAL DIRECTORY.