## Vermont Town and City Management Association Membership Application

Type of Membership: Full	Contributing	Honorary	Student	Life
Name:				
Office Main Address:				
Telephone:	Emai	l:		
Present Position:				
Previous Governmental Pos	sitions (with dates) [F	Please attach cop	oy of resume]:	
<b>Education</b> (with degrees):				
Are you a member of the IC				
	FOR OFFICE V			
Board of Directors Action _			Date	
Applicant Notified by Vice President			Date	
Initial Dues Paid	Amount _		Date	

Dues: All Membership \$85 a year and \$42 one-half a year

Make check payable to VTCMA And return to: VTCMA, c/o VLCT 89 Main Street, Suite 4 Montpelier VT 05602-2948 (800) 649-7915