



# CALIFORNIA MUNICIPAL TREASURERS ASSOCIATION

*Serving California since 1959*

## Agency Membership Application

Please fill in the membership information. The information is used for both new member sign-up and to verify the accuracy of current member listings. Complete a copy of this form for each person in your jurisdiction that will be an Agency member.

Public Agency: \_\_\_\_\_

Organization Type:  City  County  JPA  Special District  Other: \_\_\_\_\_

Treasurer Type:  Appointed  Elected Population: \_\_\_\_\_

### Fee Levels

Agency Membership is \$155 for up to two people per agency. Each additional membership is \$40 per person.

Number of Members	Dues
<input type="checkbox"/> 1 Member	\$155
<input type="checkbox"/> 2 Members	\$155
<input type="checkbox"/> 3 Members	\$195
<input type="checkbox"/> 4 Members	\$235
<input type="checkbox"/> 5 Members	\$275
<input type="checkbox"/> 6 Members	\$315

Send completed form to:  
CMTA  
700 R Street, Suite 200  
Sacramento, CA 95811  
e: [yelena@cmta.org](mailto:yelena@cmta.org)  
Fax: 916-231-2141

### Agency Members

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check this box if the person above is the main contact for the agency

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check this box if the person above is the main contact for the agency

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Information

Total Due: \$ \_\_\_\_\_  Check # \_\_\_\_\_ enclosed

CMTA accepts credit card payments. Please contact Yelena Martynovskaya at (916) 231-2144 to process payment.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_