



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 \$95 per each Government Associate member within the agency.

Number of Members	Dues
<input type="checkbox"/> 1 Member	\$95
<input type="checkbox"/> 2 Members	\$190
<input type="checkbox"/> 3 Members	\$285
<input type="checkbox"/> 4 Members	\$380
<input type="checkbox"/> 5 Members	\$475
<input type="checkbox"/> 6 Members	\$570

Send completed form to:
CMTA
700 R Street, Suite 200,
Sacramento, CA 95811
e: Kristina@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 Kristina McKittrick at (916) 231-2144 to process payment.

Authorized Signature: _____ Date: _____

Email Form

Print Form