

Colorado Fiscal Managers' Association

Application for Membership Fiscal Year _____

(Dues for CFMA are paid annually and cover the period from July 1 through June 30.)

I hereby submit my application for membership in the Colorado Fiscal Managers' Association:

Name _____

Title _____

Department or Division _____

COFRS Agency ID _____

Work Address _____

City _____ Zip _____

Work Phone _____

Work Email Address _____

(Needed to receive the monthly newsletter)

Annual Dues for Regular Members - **\$20.00** \$ _____
(Early Application Discount if paid by October luncheon) (\$5.00)

Annual Dues for **GOLDEN MEMBERSHIP - \$5.00** \$ _____
(No discount for early application)

Contribution to Tim Smith Memorial Scholarship Fund \$ _____

Total Enclosed \$ _____

Please make checks payable to **CFMA** and mail to:
Cindy Johnson, Membership Chair
Colorado State Treasury
200 E. Colfax, Room 140
Denver, CO 80203