



CITIES STRONG TOGETHER

The background of the entire page is a photograph of a city street at sunset. The sky is a warm, golden yellow, and the sun is low on the horizon, creating a soft glow. In the foreground, a black mailbox stands on a sidewalk. A row of black street lamps is visible, with one in the immediate foreground being particularly prominent. In the background, there are several multi-story brick buildings, one of which has a distinctive white steeple. The overall atmosphere is peaceful and urban.

Membership Application

JOIN THE NATIONAL LEAGUE
OF CITIES IN MOVING OUR
NATION FORWARD. TOGETHER.

Section 1: Municipality Data

Name of Municipality: _____
 Address (City Hall): _____
 City: _____ State: _____ Zip Code: _____
 Billing Address (if different from above): _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____ Web: _____
 Twitter: _____ Facebook: _____

Municipality Type:

City
Town

Village
Township

Borough
Other: _____

Form of Government:

Mayor /Council
Council /Manager

Commission
Town Meeting

Section 2: Municipality Form of Government

Date Founded: _____

Date Incorporated: _____

Fiscal Year Begins: _____

Primary Election Date: _____

General Election Date: _____

Is the Chief Elected Official a member of the governing body:

Yes

No

Are governing body terms:

Concurrent (C)

Staggered (S)

How is the chief elected official selected?

Directly by the voters in the general election

Most votes for seat on governing body during general election

Selected from the governing body by the governing body

Other, describe: _____

What is the size of the governing body?

What is the term length for the chief elected official? _____

What is the term length for the members of governing body? _____

Section 3: Municipal Priorities

Economic Development
Sustainability
Fiscal Stability

Transportation
Neighborhood Revitalization
Education

Job Growth/Creation
Public Safety
Other: _____

Section 4: City Official Profile

Submit as many individual profiles for staff as you would like.

CHIEF ELECTED OFFICIAL

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Chief of Staff / Exec. Asst.

Name: _____
Email: _____

Title: _____
Telephone: _____

CITY MANAGER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Chief of Staff / Exec. Asst.

Name: _____
Email: _____

Title: _____
Telephone: _____

CITY CLERK

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Section 4: City Official Profile (continued)

PRIMARY MUNICIPAL CONTACT

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

PRIMARY BILLING CONTACT

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

FINANCE DIRECTOR

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

ECONOMIC DEVELOPMENT DIRECTOR

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

CITY ATTORNEY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

PLANNING DIRECTOR

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

Section 4: City Official Profile (continued)

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Section 5: Governing Body

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

Section 5: Governing Body(Continued)

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

OTHER

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

Section 6: Payment of Dues

POPULATION	DUES	POPULATION	DUES
Under 1,000	\$ 263	250,001-275,000	\$ 14,328
1,000-2,000	\$ 536	275,001-300,000	\$ 15,259
2,501-5,000	\$ 809	300,001-325,000	\$ 16,192
5,001-10,000	\$ 1,117	325,001-350,000	\$ 17,118
10,001-20,000	\$ 1,489	350,001-375,000	\$ 18,050
20,001-30,000	\$ 1,861	375,001-400,000	\$ 18,979
30,001-40,000	\$ 3,258	400,001-425,000	\$ 19,910
40,001-50,000	\$ 3,813	425,001-450,000	\$ 20,842
50,001-60,000	\$ 4,467	450,001-475,000	\$ 21,767
60,001-70,000	\$ 5,401	475,001-500,000	\$ 22,698
70,001-80,000	\$ 5,952	500,001-600,000	\$ 23,631
80,001-90,000	\$ 6,697	600,001-700,000	\$ 24,554
90,001-100,000	\$ 7,816	700,001-800,000	\$ 25,490
100,001-125,000	\$ 8,743	800,001-900,000	\$ 26,421
125,001-150,000	\$ 9,674	900,001-1,000,000	\$ 27,352
150,001-175,000	\$ 10,610	1,000,001-1,333,333	\$ 34,607
175,001-200,000	\$ 11,535	1,333,334-1,666,666	\$ 39,073
200,001-225,000	\$ 12,468	Over 1,666,667	\$ 45,000
225,001-250,000	\$ 13,400		

Dues scheduling is based on your city's population as reported in the 2010 Census.

Population as of 2010 census: _____

Dues: _____

PAYMENT METHOD

Check Enclosed

Send Invoice

Visa

MasterCard

American Express

Wire Transfer

Credit Card Number: _____ CSV #: _____ Expr. Date: ____ / ____ / ____

Name as it appears on card: _____

Signature of Card Holder: _____ Date: _____

Section 7: Submit Application

MAIL TO: National League of Cities
Membership Lockbox- 4047
PO Box 17425
Baltimore, MD 21298-8240

FAX TO: (202)-626-3109

EMAIL TO: memberservices@nlc.org

NLC NATIONAL
LEAGUE
OF CITIES