



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 prominent 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	Village	Borough
Town	Township	Other: _____

Form of Government:

Mayor /Council	Commission
Council /Manager	Town Meeting

Section 2: Municipality Form of Government

Date Founded: _____	How is the chief elected official selected?
Date Incorporated: _____	Directly by the voters in the general election
Fiscal Year Begins: _____	Most votes for seat on governing body during general election
Primary Election Date: _____	Selected from the governing body by the governing body
General Election Date: _____	Other, describe: _____
Is the Chief Elected Official a member of the governing body:	What is the size of the governing body?
Yes	_____
No	What is the term length for the chief elected official? _____
Are governing body terms:	What is the term length for the members of governing body? _____
Concurrent (C)	
Staggered (S)	

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