**2023 County Membership Dues**

Amount: $200.00

***Qualifications****:*

*Any county officer shall be eligible as a County Member.*

**County Association Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Phone: Ext. Fax: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County Email (if applicable) :

Website:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List officer’s in the County Association**:

President: Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UFC Certification #: UCC License #: ICC# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

V. President: Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UFC Certification #: UCC License #: ICC# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Secretary: Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UFC Certification #: UCC License #: ICC# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Treasurer: Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UFC Certification #: UCC License #: ICC# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sgt. at Arms:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone: **\_\_\_\_\_\_\_\_\_\_\_\_** Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UFC Certification # UCC License #: ICC# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



***Association Office Use***

Voucher/PO #: Check #: Date Received:

Date Approved: Database Posted ❒

Revised 10-2022