MEMBERSHIP APPLICATION

You’re Invited to Join Us

When your municipality joins the National League of Cities (NLC), you become a member of a network of municipalities that care about their future. The NLC network includes mayors, council members, clerks, managers, department heads, and city staff from municipalities of all sizes that share in the resources and services offered by the National League of Cities.

Before you apply, please remember:

• Your municipality must be a member of your state municipal league in order to become a member of NLC.

• Membership dues amounts are based on your city’s population as recorded in the 2010 U.S. census. Refer to the dues chart on the last page.

• Membership will be activated for the first day of the month in which the application is received, or the first day of the following month – whichever date is closer.

• A new member packet will be sent to elected officials and staff after receiving the completed application and full payment. The city can then begin to take advantage of all the benefits and services offered by NLC.

Application Instructions

1. Please type or print all sections.
2. Complete all information about your municipality and the individual profiles for elected officials and staff of your municipality. Please be sure to include email addresses, as members will miss many NLC communications without it. Email preferences can be adjusted by the individual at any time.
3. Use the dues schedule on the last page to determine your municipality’s dues.
4. Submit your application and payment via one of the methods in Section 6.

Questions

Call NLC Member Services at (202) 626-3100 or toll-free at (877) 827-2385
Email us at memberservices@nlc.org.
SECTION 1 – MUNICIPALITY DATA

Name of Municipality: ____________________________________________________________________________________

Referred By: _____________________________ City: ___________ State ______ Primary Membership Contact: __________________________

Address (City Hall): ______________________________________________________________________________________

City: ___________________________________________ State: ______ Zipcode: __________________________

Billing Address (if different from above): _______________________________________________________________________

City: ___________________________________________ State: ______ Zipcode: __________________________

Phone: _________________________________________ Fax: ________________________________________________

Email: _________________________________________ Web: _____________________________________________

Twitter: _______________________________________ Facebook: _________________________________________

Municipality Type: [ ] City [ ] Town [ ] Village [ ] Township [ ] Borough

Form of Government: [ ] Mayor / Council [ ] Council / Manager [ ] Commission [ ] Town Meeting

Today’s date: ____/____/________

POPULATION: __________________________

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

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? __________

Are governing body terms concurrent (C) [ ] or staggered (S) [ ]

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

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

SECTION 3 MUNICIPALITY PRIORITIES

[ ] Economic Development

[ ] Fiscal Stability

[ ] Transportation

[ ] Job Growth/Creation

[ ] Public Safety

[ ] Sustainability

[ ] Education

[ ] Neighborhood Revitalization

[ ] Other

Helping City Leaders Build Better Communities
SECTION 4 – CITY OFFICIAL PROFILE

CHIEF ELECTED OFFICIAL

Name ____________________________________________________________

Title ____________________________________________________________________________________________________________

Email __________________________________________________________________________________________________________

Term End Date (month/year) ____________________________

Gender: □ Male  □ Female  Year of Birth___________  Ethnicity:_____________________

Chief of Staff / Exec. Ass. Name ________________________________________________

Email ______________________________________________________________________ Telephone __________________________

CITY MANAGER

Name ____________________________________________________________

Title ____________________________________________________________________________________________________________

Email __________________________________________________________________________________________________________

Term End Date (month/year) ____________________________

Gender: □ Male  □ Female  Year of Birth___________  Ethnicity:_____________________

CITY CLERK

Name ____________________________________________________________

Title ____________________________________________________________________________________________________________

Email __________________________________________________________________________________________________________

Term End Date (month/year) ____________________________

Gender: □ Male  □ Female  Year of Birth___________  Ethnicity:_____________________

PRIMARY MUNICIPAL CONTACT

Name ____________________________________________________________

Title ____________________________________________________________________________________________________________

Email __________________________________________________________________________________________________________

Term End Date (month/year) ____________________________

Gender: □ Male  □ Female  Year of Birth___________  Ethnicity:_____________________

PRIMARY BILLING CONTACT

Name ____________________________________________________________

Title ____________________________________________________________________________________________________________

Email __________________________________________________________________________________________________________

Term End Date (month/year) ____________________________

Gender: □ Male  □ Female  Year of Birth___________  Ethnicity:_____________________

You may submit as many individual profiles as desired for city staff at all levels who want to participate in the NLC membership
## SECTION 4 – CITY OFFICIAL PROFILE

### FINANCE DIRECTOR
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### ECONOMIC DEVELOPMENT DIRECTOR
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### PLANNING DIRECTOR
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### SUSTAINABILITY DIRECTOR
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### ASSISTANT CITY MANAGER
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### ASSISTANT TO COUNCIL
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### ASSISTANT TO MAYOR
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### ADMINISTRATIVE ASSISTANT
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### CITY ATTORNEY
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### HUMAN RESOURCES
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### OTHER
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### OTHER
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### OTHER
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**: 

### OTHER
- **Name**: 
- **Title**: 
- **Email**: 
- **Gender**: Male or Female
- **Year of Birth**: 
- **Ethnicity**:

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You may submit as many individual profiles as desired for city staff at all levels who want to participate in the NLC membership.
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PAYMENT METHOD:  
- Check Enclosed  
- Send Invoice  
- Visa  
- MasterCard  
- American Express  
- Wire Transfer

Credit card number: ___________________________________________ CSV# ___________________ Exp. Date: ___________________

Name as it appears on Credit Card: ___________________________________________________________________________  (Please Print)

Signature of Card Holder: _____________________________________________________________________________________ Date: ___________________

SECTION 5 – MEMBERSHIP DUES

NATIONAL LEAGUE OF CITIES DUES SCHEDULE

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>DUES</th>
<th>POPULATION</th>
<th>DUES</th>
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<td>275,001-300,000</td>
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<tr>
<td>1,000-2,500</td>
<td>$536</td>
<td>300,001-325,000</td>
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<td>325,001-350,000</td>
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Annual Dues are based on your population reported in the 2010 census.

SECTION 6 – SUBMIT APPLICATION

MAIL:  
Return a completed application form by mail to:  
National League of Cities  
Membership Lockbox - 4047  
PO BOX 17425  
Baltimore, MD 21298-8240

FAX:  
Send application to (202) 626-3109

PHONE:  
NLC Member Services  
(202) 626-3100 or (877) 827-2385  
8:30 a.m. - 5:00 p.m. eastern time, Monday through Friday

EMAIL:  
memberservices@nlc.org