

Section 1: Municipality Da	ta		
Name of Municipality:			
Address (City Hall):			
City:	State:		Zip Code:
Billing Address (if different from	om above):		
City:	State:		Zip Code:
Phone:		Web:	
Fax:		Twitter:	
Email:		Facebook: _	
Does your municipality identi-	fy as:		
Small Town	First Tier S	uburb	Military Community
Large City	University	Community	Other:
Section 2: Municipality Fo	rm of Governme	ent	
Form of Government:			
Mayor / Council	Commissio	n	
- " ' ' ' ' '			
Council / Manager	Town Meet	ing	
Fiscal Year Begins:		How is the cl	hief elected official selected?
Primary Election Date:			by the voters in the general
General Election Date:		election	
			es for seat on governing body eneral election
Is the Chief Elected Official a member of the governing body:		Selected from the governing body by the governing body	
Yes		Other, de	escribe:
No		\\/hatiatha	sing of the populationality de
Are governing body terms: Concurrent (C)		governing bo	size of the municipality's ody?
Staggered (S)		What is the t	erm length for the chief ial?
		What is the t	erm length for the members of ody?

## **Section 3: Municipal Priorities**

Please check all that apply.

Community & Economic	Revitalizatio	on	Public Safety
Development  Sustainability	Education		Infrastructure
Fiscal Stability	Job Growth	/Creation	Energy
Transportation	Environmer Resources	nt & Natural	IT & Communications
Neighborhood	Equity & So	cial Justice	Other:
Submit as many individual prof  CHIEF ELECTED OFFICIAL  Name:  Title:  Email:  Telephone:  Gender:  Male  Female		Party Affiliation: Term End Date:	
Year of Birth:Social Media Handles:			
Chief of Staff / Exec. Asst. Name: Title:			
► CITY MANAGER  Name:  Title:  Email:  Telephone:  Gender: Male Female		Term End Date:	
Year of Birth: Social Media Handles:			
Chief of Staff / Exec. Asst. Name: Title:			

► CITY CLERK  Name:	Party Affiliation: Term End Date: Ethnicity:
▶ PRIMARY MUNICIPAL CONTACT Name:	Party Affiliation: Term End Date: Ethnicity:
▶ PRIMARY BILLING CONTACT Name:	Party Affiliation: Term End Date: Ethnicity:
► FINANCE DIRECTOR  Name:	Party Affiliation: Term End Date: Ethnicity:
▶ ECONOMIC DEVELOPMENT DIRECTOR Name:	Party Affiliation: Term End Date: Ethnicity:

► CITY ATTORNEY  Name:	Party Affiliation: Term End Date: Ethnicity:
► PLANNING DIRECTOR  Name:	Party Affiliation: Term End Date: Ethnicity:
▶ OTHER Name:	Party Affiliation: Term End Date: Ethnicity:
► OTHER Name:	Party Affiliation: Term End Date: Ethnicity:

► OTHER Name:	Term End Date: Ethnicity:
► OTHER  Name:	Term End Date: Ethnicity:
► OTHER Name:	Term End Date:  Ethnicity:
► OTHER Name:	Term End Date: Ethnicity:

#### **Section 5: Governing Body** ▶ MEMBER OF GOVERNING BODY Party Affiliation: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Term End Date: Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Telephone: \_\_\_\_\_ Gender: Male Female Other Year of Birth: \_\_\_\_\_ Social Media Handles: \_\_\_\_\_ Chief of Staff / Exec. Asst. Email: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ ▶ MEMBER OF GOVERNING BODY Party Affiliation: Title: \_\_\_\_\_ Term End Date: Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Telephone: \_\_\_\_\_ Gender: Male Female Other Year of Birth: \_\_\_\_\_ Social Media Handles: \_\_\_\_\_ Chief of Staff / Exec. Asst. Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_\_ Title: \_\_\_\_\_\_ ▶ MEMBER OF GOVERNING BODY Party Affiliation: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Term End Date: \_\_\_\_\_ Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Telephone: \_\_\_\_\_\_ Gender: Male Female Other Year of Birth: \_\_\_\_\_ Social Media Handles: \_\_\_\_\_ Chief of Staff / Exec. Asst. Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

► MEMBER OF GOVERNING BODY  Name:	Term End Date: Ethnicity:
Chief of Staff / Exec. Asst. Name:	
► OTHER Name:	Term End Date: Ethnicity:
▶ OTHER Name:  Title: Email:  Telephone: Gender: Male Female Other Year of Birth: Social Media Handles:	Term End Date:Ethnicity:
► OTHER Name:	Ethnicity:

► OTHER Name:	Party Affiliation: Term End Date: Ethnicity:
► OTHER  Name:	Party Affiliation: Term End Date: Ethnicity:
► OTHER Name:	Party Affiliation: Term End Date: Ethnicity:

## **Section 6: Payment of Dues**

POPULATION	DUES
Under 1,000	\$270.89
1,000-2,000	\$552.08
2,001-5,000	\$833.27
5,001-10,000	\$1,150.51
10,001-20,000	\$1,533.67
20,001-30,000	\$1,916.83
30,001-40,000	\$3,355.74
40,001-50,000	\$3,927.39
50,001-60,000	\$4,601.01
60,001-70,000	\$5,563.03
70,001-80,000	\$6,130.56
80,001-90,000	\$6,897.91
90,001-100,000	\$8,050.48
100,001-125,000	\$9,005.29
125,001-150,000	\$9,964.22
150,001-175,000	\$10,928.30
175,001-200,000	\$11,881.05
200,001-225,000	\$12,842.04
225,001-250,000	\$13,802

POPULATION	DUES
250,001-275,000	\$14,757.84
275,001-300,000	\$15,716.77
300,001-325,000	\$16,677.76
325,001-350,000	\$17,631.54
350,001-375,000	\$18,591.50
375,001-400,000	\$19,548.37
400,001-425,000	\$20,507.30
425,001-450,000	\$21,467.26
450,001-475,000	\$22,420.01
475,001-500,000	\$23,378.94
500,001-600,000	\$24,339.93
600,001-700,000	\$25,290.62
700,001-800,000	\$26,254.70
800,001-900,000	\$27,213.63
900,001-1,000,000	\$28,172.56
1,000,001-1,333,333	\$35,645.21
1,333,334-1,666,666	\$40,245.19
Over 1,666,667	\$46,350

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	Wire Transfer	
Credit Card	Send Invoice	
Credit Card Number:		CSV #:
Name as it appears on card:		Expr. Date://
Signature of Card Holder:		Date:

#### **Contact Info:**

**Mail:** National League of Cities Membership Lockbox- 4047 PO Box 17425 Baltimore, MD 21298-8240 **Email:** membership@nlc.org

# NATIONAL LEAGUE OF CITIES