



Government Finance Officers Association

TAKE
FIVE
in '05

RECRUIT A NEW MEMBER!

Take five minutes to recruit a new member and you could **WIN A TRIP** to GFOA's 100th Annual Conference, May 7-10, 2006, in Montréal, Quebec!

Spread the word about GFOA's member benefits.

For each new member you recruit between June 25–December 31, 2005, your name will be entered into a drawing to win a complimentary conference registration, roundtrip airfare to Montréal, and hotel accommodations in Montréal.

Fill out the attached application (with your name on the "Sponsor's Name" line) and give it to a colleague. If your colleague joins, you'll be entered in the drawing. If you win, the member you recruited will receive complimentary registration in Montréal!

The drawing will take place on **January 4, 2006**. For more information on membership, please visit www.gfoa.org/take5. Questions? E-mail GFOA at newmember@gfoa.org.

GFOA Membership Application Form

If paying by check, please send directly to:
Government Finance Officers Association
Dept. 77-3076
Chicago, IL 60678-3076

If paying by purchase order or by credit card, please
mail or fax to:
Government Finance Officers Association
203 North LaSalle Street, Suite 2700
Chicago, IL 60601-1210
Phone: 312/977-9700 fax: 312/977-4806

If you are faxing this form, include credit card number or purchase order number. Do not mail original.

Name (Mr., Ms.) _____		Sponsor's Name _____	
Title _____		Sponsor's Telephone Number _____	Sponsor's Email Address _____
Employer _____			
Address _____			
City _____	State/Province _____		Zip/Postal Code _____
Country _____			
Phone _____	Fax _____		e-Mail _____

Payment of \$ _____ enclosed.

Please bill me for membership. Purchase order number _____

Please charge my credit card:

American Express Diner's Club Discover Card MasterCard Visa

Account number _____

* Expiration date (required) _____

* Signature (required) _____

Note: U.S. members pay their membership fees in U.S. dollars; Canadian members pay their fees in Canadian dollars.

* **Member Types** *(check one)*

Active Additional Active Associate Educational Inactive Retired

(if full-time student, please include a copy of student identification card)

* **Governmental Unit** *(in the United States or Canada)*
Refer to attached GFOA Membership Fee Schedule (Check one and give size of unit, as requested)

City: Population _____

County: Population _____

Special district: Number of employees _____

State/Province: Population _____

Retirement system: Number of members _____

Federal

* **International** *(outside of the United State and Canada)*

Developed Country Developing Country Associate

* Required

