

MEMBERSHIP FORM

For Membership year January 1 – December 31, 2025

WORK INFORMATION *(Please print or you may attach your business card.)*

NAME _____ TITLE _____

CITY or COUNTY or ORGANIZATION _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

OFFICE PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

HOME INFORMATION *(We ask for this information in case you leave current employment. Please keep us up-to-date of any changes.)*

HOME OR MOBILE PHONE _____ HOME EMAIL _____

MEMBERSHIP CATEGORY *(Please See "MCMA Membership Categories and Qualifications" on the MCMA Website)*

Membership Level	Annual Dues	Amount
Full or Associate	0.0012 x annual salary; \$100 minimum	\$ _____
Affiliate	\$100	\$ _____
Life	\$ 0	\$ _____
Honorary	\$ 0	\$ _____
In Transition	\$ 0	\$ _____
APMP Membership	\$ 75	\$ _____
Student (covers both MCMA and APMP)	\$ 30	\$ _____

Total Amount Enclosed \$ _____

Please Choose RENEWAL or NEW Membership

In signing this application or renewal, I hereby certify that I meet the criteria form for the membership category for which I am applying. Full, Corporate members of MCMA and members of APMP also agree to abide by the ICMA/MCMA Code of Ethics.

Signature _____

Please enclose a check for dues payable to **Minnesota City/County Management Association** and mail it with the application to **MCMA Secretariat, League of Minnesota Cities, 145 University Avenue West, St. Paul MN 55103-2044**. Please direct your questions to Madison Hagenau at 651-215-4048 or mhagenau@lmc.org.

MCMA LEGAL SERVICES ASSESSMENT

Since 1995, the Minnesota City/County Management Association has had an agreement with the Eagan law firm of Campbell Knutson to represent the individual interests of members in their employment relationship with their city or county. Campbell Knutson has prepared a model employment agreement for Minnesota local government managers that is available to all MCMA members through the secretariat offices at the League of Minnesota Cities and on the Website at www.mncma.org.

The agreement also sets up a voluntary assessment program, which provides participants up to one hour of consultation time concerning employment issues between the participant and his or her public employer. Additional consultation and representation is available at the rate of \$ 165 per hour.

The agreement with Campbell Knutson was established to ensure that administrators going through separation or other employment difficulties would have ready access to competent legal counsel. Because of the nature of the services being rendered, the MCMA Board established that this voluntary assessment should be paid from personal, rather than public, funds. The on-going support of individual MCMA members is important to ensuring that local government managers have access to such services.

Invoice

I wish to participate in the MCMA Legal Services Agreement through a voluntary \$25 assessment.

Name _____

City or County _____

Please enclose a \$25 personal check or money order for the voluntary assessment to:

Minnesota City/County Management Association
c/o League of Minnesota Cities
145 University Avenue W.
St. Paul, MN 55103-2044