



[www.kygfoa.org](http://www.kygfoa.org)  
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## 2024 KGFOA MEMBERSHIP APPLICATION & DUES FORM

*Note: Application and dues are for calendar year membership (January-December).*

Name:													
Title:													
Employer:													
Address:													
City, State, Zip:													
Phone:													
Email:													
<b>Membership Options:</b>  <input type="checkbox"/> <b>Full Membership (\$50 per member):</b> Employed in the Commonwealth of Kentucky as a practicing public finance professional from a governmental unit.  <input type="checkbox"/> <b>Associate Membership (\$25 per member):</b> Not eligible for full membership, such as: students, retirees, those in-between employment, and public sector financial professionals.													
<b>Payment Information</b> <i>Make Checks Payable to Kentucky GFOA</i>  Mail completed application and required fee to: KGFOA Attn: Melissa Clayton PO Box 707 Hopkinsville, KY 42241-0707	<b>Select your Membership category:</b> ___ City ___ County ___ State Agency ___ Utility ___ School District ___ Student/Retiree/In-Transition ___ Other: _____												
Would you be willing to serve on a standing committee? If yes, please indicate your preference(s) below:  <input type="checkbox"/> <b>Membership</b> – Provide outreach to existing members, retain members, and recruit new members  <input type="checkbox"/> <b>Education/Training</b> – Proposing and planning/organizing training opportunities for members													
Please check training topics that you would like to see offered at a future training event:  <table border="0"><tr><td><input type="checkbox"/> Budgeting</td><td><input type="checkbox"/> Financial Policies</td><td><input type="checkbox"/> Financial Reporting</td><td><input type="checkbox"/> Accounts Payable</td></tr><tr><td><input type="checkbox"/> Payroll</td><td><input type="checkbox"/> Revenue Collections</td><td><input type="checkbox"/> Fraud Prevention</td><td><input type="checkbox"/> Capital Assets</td></tr><tr><td><input type="checkbox"/> ACFR prep</td><td><input type="checkbox"/> PAFR preparation</td><td colspan="2"><input type="checkbox"/> Other (Specify): _____</td></tr></table>		<input type="checkbox"/> Budgeting	<input type="checkbox"/> Financial Policies	<input type="checkbox"/> Financial Reporting	<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Payroll	<input type="checkbox"/> Revenue Collections	<input type="checkbox"/> Fraud Prevention	<input type="checkbox"/> Capital Assets	<input type="checkbox"/> ACFR prep	<input type="checkbox"/> PAFR preparation	<input type="checkbox"/> Other (Specify): _____	
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Please provide any specific training session topics and/or any additional feedback to increase visibility:   													
Provide your preference(s) for the time period of training(s):   													