

# NEW MEXICO MUNICIPAL CLERKS & FINANCE OFFICERS ASSOCIATION

A Subsection of the New Mexico Municipal League

## INDIVIDUAL MEMBERSHIP APPLICATION



Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Municipality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/City/Zip

Billing Address: \_\_\_\_\_

Street/City/Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

### ANNUAL MEMBERSHIP DUES

- 2025-2026 Membership is effective from July 1<sup>st</sup> – June 30<sup>th</sup> upon receipt of payment.
- Invoice will be sent to the email address you provide above.
- Pay online with credit card or ACH transfer. *Login credentials will be issued once your application is processed.*
- Checks payable to NM Municipal Clerks and Finance Officers Association or NMMCFOA.
- Purchase orders not accepted.
- For membership questions: Contact NMMCFOA Liaison Rebecca Martinez at [rmartinez@nmml.org](mailto:rmartinez@nmml.org).

☐ Full Membership: \$100.00 • Any person who is a clerk, treasurer, clerk-treasurer, clerk manager, finance officer, purchasing officer or their assistants or deputies shall be eligible for full membership in the Association. It shall be the duty of the President to invite each person to exercise his rights to such membership.

☐ Associate Membership: \$60.00 • Municipal employees not defined in Section 2 or county and state officials in related positions or fields shall be eligible for associate membership in the Association. Application for such membership shall be approved by the Executive Committee before election to membership.

☐ Retired Membership: \$35.00 • Any person who has previously held a full membership in the Association, but has retired from their position, shall be eligible for retired membership in the Association.

Invoice #	Invoice Date	Payment Type <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Name on Card:			
Credit Card #:	Exp (mm/yy)	CVV	
Card Billing Address: (include City/State/Zip) – <i>if different from above.</i>			
Amt. Paid:	Pmt. Date:		

Signature (credit card only)

Complete this form and mail, email or fax to:

Membership – NM Municipal League  
P.O. Box 846 • Santa Fe, NM 87504-0846  
[membership@nmml.org](mailto:membership@nmml.org) • Fax: 505-984-1392