

FOR STAFF USE ONLY – DO NOT FILL IN THIS SECTION

AMCTO ID Number: _____ Status: _____ Start Date: _____ Init: _____
 Batch #: _____ Category Change: _____ Change Date: _____ Init: _____

2020 AMCTO New Member Application

First Name _____ Middle Initial _____ Last Name _____

Title _____ Department _____

Municipality/Organization/Post-Sec Instit _____

WORK or CAMPUS MAILING ADDRESS (include City, Prov, PC)

Work Tel: _____ Ext. _____

Work Fax: _____ Wk Mobile: _____

EMAIL ADDRESS

Work: _____

Home: _____

The Corporation has adopted a Code of Ethics and Values to govern the actions of the Members. Review the Code of Ethics and Values at www.amcto.com under 'About AMCTO'.

The Applicant's signature below confirms that they have read and accept the terms of this Code.

HOME MAILING ADDRESS (include City, Prov, PC)

Home Tel: _____ Mobile: _____

With membership, some of your subscriptions are by email, others by mail. Please select the destination for receiving these.

Preferred Email: Work Home Preferred Mailing Address: Work Home

Upon applying for membership with the Association, you may provide us with personal information regarding your home address, home telephone number, home fax number, home / work email address and Credit Card information. This personal information, which you may provide to us, is used only for internal purposes to process your membership fee payment and to contact you or to distribute AMCTO-related materials to you, in the event that you have identified this personal contact information as your preferred means of contact. Further information regarding our policy on personal information is available at www.amcto.com

I hereby apply for 2020 Membership in the Association of Municipal Managers, Clerks and Treasurers of Ontario (AMCTO) as a:

____ Full Member ____ New Professional Member ____ Associate Member ____ Student Member

(See next page for category definitions, requirements and fees)

Required Documentation And Payment Must Accompany The Application.

I enclose payment of the prescribed fee for the current operating year by __Cheque __Visa __MasterCard __Gratis

Applicant Signature _____ Date _____

PAYMENT BY CREDIT CARD (VISA OR MASTERCARD)

NAME OF CARDHOLDER: _____

CARD NUMBER: _____ EXPIRY DATE: _____

SIGNATURE: _____ AMOUNT: \$ _____

2020 Membership Fees and Membership Categories

(The following fees include 13% HST #106732936)	JOIN BETWEEN SEPTEMBER – MARCH	JOIN BETWEEN APRIL– JUNE	JOIN BETWEEN JULY – AUGUST 31
	for 2020 Membership Period from (Jan. 1, 2020 – Dec. 31, 2020)	for 2020 Membership Period from (April 1, 2020 – Dec. 31, 2020)	for 2020 Membership Period from (July 1, 2020 – Dec. 31, 2020)
FULL MEMBER	\$457.65 \$405.00 + \$52.65 HST	\$343.24 \$303.75 + \$39.49 HST	\$228.83 \$202.50 + \$26.33 HST
ASSOCIATE MEMBER	\$426.01 \$377.00 + \$49.01 HST	\$319.51 \$282.75 + \$36.76 HST	\$213.01 \$188.50 + \$24.51 HST
NEW PROFESSIONAL MEMBER	\$242.95 \$215.00 + \$27.95 HST		AMCTO provides a \$200 annual voucher redeemable for AMCTO educational and professional development programs
STUDENT MEMBER	Complimentary		

Definitions and Criteria are as follows:

A **FULL MEMBER** shall be a person who has been admitted to membership in the Association and who is employed by, or under contract directly or indirectly with a municipal corporation or a local board as defined in the Municipal Act, 2001 S.O. 2001 Chapter 25.

If you are applying as a Full Member, no additional documentation is required.

Full members and New Professional members retain all voting rights and those rights to hold office.

A **NEW PROFESSIONAL MEMBER** (a sub-class of Full membership) shall be a person who has been admitted to membership in the Association, who is employed by, or under contract directly or indirectly with, a municipal corporation or local board and;

- Has five years or less of municipal sector work experience. Eligibility within this category is limited to a maximum period of 5 years.

If you are applying as a New Professional member you must provide documentation (i.e. a current resume) as evidence that you meet the criteria for approval as a New Professional.

AN **ASSOCIATE MEMBER** will be any person who wishes to become a member of the association who is not currently employed by, or under contract directly or indirectly with a municipal corporation or a local board as defined by the Municipal Act.

This category will be suited to Provincial/Federal employees, those working in the broader public sector or in the private sector.

If you are applying as an Associate Member, no additional documentation is required.

The Associate membership category will maintain the sub categories of retired members, members in transition, and the student member categories.

A **STUDENT MEMBER** (a Sub-Class of Associate Member) Student membership category includes only students who are enrolled full-time at an accredited post-secondary academic institution within Ontario.

If you are applying as a Student Member you must provide a copy of your registration or course schedule as evidence that you meet the criteria for approval as a Student each year you remain in this category.

If paying by Visa or MasterCard, email the completed membership application form and required documentation to stith@amcto.com or by fax to: 905-602-4295.

If paying by cheque payable to AMCTO, send the completed Application Form, required documentation, and payment to:

AMCTO Membership Services
610-2680 Skymark Avenue
Mississauga, ON L4W 5L6

