



City Membership Application/Renewal Form

Annual Dues (Due no later than June 30th)

City: _____

Address: _____

Contact: _____

Job Title: _____

Phone: _____ **Fax:** _____

Email: _____

Membership year: ☐ **2025-2026** ☐ **Other** _____
(July 1 – June 30)

☐ **\$100.00 City Membership up to 5 individuals (\$20.00 each additional)**

☐ **\$190.00 City Membership up to 10 individuals (\$19.00 each additional)**

☐ **\$275.00 City Membership up to 15 individuals (\$15.00 each additional)**

Total number of members: _____ **Total amount enclosed \$** _____

Please complete the form above and list the name of each individual member on the following sheet. Make additional copies as necessary.

Return this form along with payment to:

Laura Copeland
c/o Alabama Municipal Revenue Officers Association
PO Box 267
Gadsden, AL 35902

Checks should be made payable to AMROA. If you would like more information about AMROA, please visit our website at www.amroa.org.

2025 -2026 Membership Year

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No

Individual Name: _____ **Phone Number:** _____

Job Title: _____ **Email:** _____

CMRO with all CE hours up to date: ☐ Yes ☐ No

CRE with all CE hours up to date: ☐ Yes ☐ No