



Membership Application/Renewal Form

Annual Dues (Due no later than July 1st memberships runs July 1-June 30)

City/Employer: _____

Address: _____

Name: _____

Job Title: _____

Phone: _____ Fax: _____

Email: _____

Type of application: New Renewal

Membership type: Regular Associate Subscribing

Membership year: 2026-2027 Other _____
(July – June)

Are you a CMRO with all CE hours up to date: Yes No

Are you a CRE with all CE hours up to date: Yes No

\$25.00 Per Individual for 1-4 people

\$100.00 Minimum 5 individuals (\$20.00 each additional person for #6-#9)

\$190.00 Minimum 10 individuals (\$19.00 each additional person #11-#14)

\$275.00 Minimum 15 individuals (\$15.00 each additional person #16 and up)

Form must accompany payment. If remitting payment for more than 1 individual, you must include the following page stating each additional individual that is being registered. Failure to provide the completed form could result in incorrect records for the additional members.

Please complete the form above and return it along with payment to:

Alabama Municipal Revenue Officers Association

C/O Laura Copeland, City of Gadsden

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.almroa.org.

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