



**2017 CMI MEMBERSHIP AND CONFERENCE REGISTRATION FORM
FOR PUBLIC EMPLOYEES AND GOVERNMENTAL RETIREES**

Conference Location: Hotel Elegante, Colorado Springs

Conference Dates: Oct. 9 – Oct. 12, 2017

MEMBER NAME: _____ TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT NAME/EMAIL: _____

I would like to renew my CMI Membership as a public employee for 2017 \$ 40.00

I would like to attend the 2017 CMI Conference \$175.00

Total \$ _____

This form is for public employees and governmental retirees wishing to join CMI. Governmental retirees (not representing a private organization) may remain as non-voting members.

Affiliate Members and private sector employees should use the Affiliate Member Registration form.

Payment Method

Check No. _____ (Make payable to CMI)

Credit Card: MC

Visa

Discover

Credit Card No: _____ Exp. _____ CVV2: _____

Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____

(WHEN PAYING BY CARD PLEASE LIST ADDRESS THAT MATCHES YOUR CREDIT CARD).

Please mail your payment and registration form to: CMI, 13301 Bailey Bridge Rd., Midlothian, VA 23112 or contact Lisa Hart at (804) 690-8129. You may also email to: cmicja1994@gmail.com.

PLEASE INDICATE IF SPOUSE WILL BE ATTENDING:

NAME: _____