

MEMBERSHIP/ORGANIZATION REQUEST
TO
BOARD OF COUNTY COMMISSIONERS

DATE: _____

COUNTY
DEPARTMENT: _____

ORGANIZATION: _____
(If using an abbreviation, please specify what the abbreviation stands for)

NAME OF PERSON(S): _____

NEW MEMBERSHIP
RENEWAL

PURCHASE ORDER/REQUISITION # _____

FEE PER PERSON (If Applicable) _____

TOTAL AMOUNT REQUESTED _____

(SIGNATURE)

REQUEST APPROVED BY: _____
(SIGNATURE)

*NOTE: Attachment(s) will not be returned.
Attaching invoices does not initiate process for payment.
Resolution will be distributed to departments after approval.
Process of payment remains department's responsibility.*