



Request For Membership/License

(Attachment)

Employee Name: _____

Employee ID: _____

Job Title: _____

Division: _____

Name of Organization: _____

Role in Organization: _____

(Required License/ Active Member/ Committee Member/ Chair Officer)

Justification:

Other memberships/licenses and the amount currently paid by the City:

Employee Signature _____ Date _____

Division Head Signature _____ Date _____

Director Signature _____ Date _____