

pay after 7/1/07

**MEMBERSHIP RENEWAL NOTICE**

C.A.O.  
EL DORADO COUNTY  
2007 APR 16 AM 11:44

**Membership Renewal Notice for dues year beginning July 1, 2007**

ICMA Federal ID: 362167755

**Membership for:**

Laura S Gill  
Chief Administrative Officer  
County of El Dorado  
330 Fair Ln  
Placerville, CA 95667-4103

Work: (530) 621-5592  
Fax: (530) 626-5730  
Email:  
lsgill@co.el-dorado.ca.us

Member Number: 119473  
Invoice Number: 119473  
Membership Status: FM

If the above information is incorrect or incomplete please update in above section.

Membership in ICMA is by individual only and cannot be transferred. If this individual is no longer at this location, please return this form to ICMA.

**Fee/Formula Calculations**

Membership for an individual in service to a local government service, based on 4/5 of 1% of gross annual salary.

1. Annual Salary	\$ 176,820	Important! See Note below about salary cap!
2. Add deferred compensation	\$ 335	
3. Total gross annual salary (Line 1 + 2)	\$ 177,155	
4. Annual Dues (Line 3 X .008)	\$ _____	(This is your annual dues to ICMA.)
5. Voluntary Contribution to the ICMA Fund *	\$ _____	
6. Total Payment:	\$ 1,400	

**Effective January 1, 2005: Salary Cap for dues at \$175,000. If your salary including deferred comp has reached the cap, then please complete #1 and #2 with actual figures for our records, but complete #3 with \$175,000 and calculate your dues using the calculation provided.**

If you are no longer employed by a local government, your annual dues are \$ 200 per year.

Contact Member Services at (202)962-3680 or membership@icma.org if you need assistance.

**\*REMEMBER TO MAKE A CONTRIBUTION TO THE ICMA FUND FOR PROFESSIONAL MANAGEMENT.**

This fund was created for the support and advocacy of the council-management form of government and professional local government management. Your contributions are vital.

**Payment Section**

Enclosed is a check for \$ \_\_\_\_\_ for  
renewal of my membership.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my  
\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AMEX  
for renewal of my membership dues.

Name of Card Holder \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail check in the enclosed return envelope or use the PO Box address above.  
Credit Card payments can be made online at <http://icma.org/membershiprenewal> or you may use the enclosed envelope.**

See the reverse side for instructions and details. This invoice is for the period July 1, 2007-June 30, 2008

March 21, 2007

## INVOICE

Laura Roth  
El Dorado County Child Support  
3057 Briw Court, Suite B  
Placerville, CA 95667

Child Support Directors Association Assessment  
Fiscal Year 2007/2008 and 2008/2009

	<u>2007/2008</u>	<u>2008/2009</u>
Base Dues	\$9,025.00	\$9,025.00
Training Assessment:	\$ 990.00	\$ 990.00
2% Reduction (if paid early)		\$ (180.50)
Total Due:	<u>\$10,015.00</u>	<u>\$9,834.50</u>

Payable to: Child Support Directors Association  
c/o Lisa Bispham, Executive Assistant  
925 L Street, Suite 1402  
Sacramento, CA 95814  
Taxpayer ID: 68-0450141

**Total Due if Prepaying \$19,849.50**  
**Total Due if not Prepaying \$9,834.50**