

## MEMBER BENEFITS

During the existence of the Mississippi Society of Certified Public Managers, the Society has made progressive strides and envisions additional services and enhancements that will benefit its members.

With your involvement, the Society can be assured to continue its positive momentum for all Mississippi Certified Public Managers.

Benefits include:

- Conference attendance counts toward qualification for CPM with Excellence
- Networking opportunities
- Professional conferences
- Continuing education opportunities
- Promotion of membership accomplishments
- Discounted registration to Society sponsored events
- Awards and recognition
- Lunch-and-Learn Seminars

## MSCPM OBJECTIVES

Promote a standard behavior which demonstrates a high level of ethical responsibility in the performance of official duties as set forth in the Society Canons of Professional Responsibility.

Promote efficiency and productivity in government and lead by example and innovation.

Improve communication, cooperation, and coordination among government organizations.

Pioneer professional works and facilitate positive changes which enhance the delivery of services.

## CANONS OF PROFESSIONAL RESPONSIBILITY

I am a Public Servant employed by the people of Mississippi. To that employer I owe my primary professional responsibility.

I will not use my position for personal gain nor for my private interest. I will conduct myself in the performance of my official duties in such a manner as to bring respect to Public Servants and credit to the Mississippi Society of Certified Public Managers.

I occupy a position of public trust. To remain worthy of that trust, I will continue to study principles of public management and to improve my skills for the benefit of both the people that I supervise and the people of the state who are my employers.

I will perform the duties which I am charged to perform to the best of my ability and in the most effective, efficient, and expeditious manner possible.

I acknowledge responsibility to the people under my supervision. I will assure, so far as I am able to do so, that they are treated with respect, that their work is made rewarding, and that personnel actions which I take or which I recommend will be based solely upon objective appraisal of relevant, work-related criteria and relative merit.



## Membership Information and Application

[www.msccpm.org](http://www.msccpm.org) 

# Mississippi Society of Certified Public Managers

## MSCPM PURPOSE

The Mississippi Society of Certified Public Managers (MSCPM) is a professional organization for managers participating in the Certified Public Managers Program. Founded in April 1992, MSCPM exists to promote membership and cooperation in public service, provide training for the advancement of managerial abilities, establish standards of performance for managers in public service, encourage the recognition of public management, and assist agencies in public service. Being a member of the MSCPM demonstrates an on-going commitment to continuing education in management practices.

## MEMBERSHIP

- Annual dues are \$35 for active and associate members. Annual dues are \$15 for retirees from state government.
- Memberships are for the CALENDAR year.
- Membership dues received AFTER October 1 will apply to membership for the following calendar year.

## HOW TO JOIN

Complete this membership application and email to [mcpmsociety@gmail.com](mailto:mcpmsociety@gmail.com):

## HOW TO MAKE PAYMENT

*If paying via PAYMODE, each member's name must be shown per PV line so that proper credit can be assigned. The vendor number is 3100022619.*

*If paying via Venmo, choose @MSCPM-Society.*



**venmo**

## Membership Application Form

### Personal Information

Job Title: \_\_\_\_\_  
Full Name: \_\_\_\_\_

### Contact Information

Agency/Company: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Alternate Email: \_\_\_\_\_

### Work Address

Street/PO Box: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

### Home Address

Street/PO Box: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

### Additional Information

Completed: \_\_\_\_\_  
CPM Graduate Date: \_\_\_\_\_

**MEMBERSHIP TYPE**      \_\_\_ New Member      \_\_\_ Renewal

**If mailing a check, make payable to: MSCPM and mail to:  
P.O. Box 412 Jackson, MS 39205**

**How did you hear about the MSCPM Society?**