|  |  |  |
| --- | --- | --- |
| **National Civic League**  | **Publication Order Form**   | C:\Users\Office Manager\Desktop\0-SUE's Temp File\4-COMM - Genl Ops\LOGOS - NCL\NCL 2017 New Logo FINAL.jpg |
| 190 East 9th Avenue | Order by email or fax |
| Suite 200 | Attn: Sue Lawson-Gonzales |
| Denver, CO 80203 |  |
| Phone: 303-571-4343 | **Email:** suelg@ncl.org |
| Web Site: [www.nationalcivicleague.org](http://www.nationalcivicleague.org)  | **Fax:** 888.314.6053 |
|  |  |  |
| Publications | Price | **Units** | **Amount** |
| Civic Index, Measuring Your Community’s Civic Health, **(New Edition)** 2014 | $15PDF/$20 print |  |  |
| Guide for Charter Commissions, 2011 | $15PDF/$20 print |  |  |
| Community Visioning and Strategic Planning Handbook  | $15 PDF |  |  |
| Making Public Participation Legal (New!) | Free PDF |  |  |
| Measuring City Hall Performance  | Free PDF |  |  |
| Model City Charter, 8th Edition, Second Printing, 2011/2012  | $15PDF/$20 print |  |  |
| Model County Charter, 1990 | Free PDF |  |  |
| Handbook for Council Members | $5 PDF |  |  |
| **SUB - TOTAL** |  |
|  |  |
| Option to become a Member (publications are free to members) | **Price** | **Amount** |
| NCL Membership, includes:  | Individual Membership:$100  |  |
| -- free access to all of the publications listed above, and-- an annual subscription to National Civic Review, NCL’s quarterly journal \*\*-- …see full list of benefits at [www.nationalcivicleague.org](http://www.nationalcivicleague.org)  |
| *\*\* To subscribe separately to or request an individual copy of the* **National Civic Review*,*** *please contact* *Jossey-Bass publishers via email at*jsubs@jbp.com *or by phone:* (888)-378-2537 or (415)-433-1767 |
|  |  |
| Shipping & Handling for Printed Copies | **Price** | **Amount** |
| Fee for Handling Printed Copies | $10 Fee |  |
| Shipping Cost for Printed Copies **(w**ill be calculated at ship date**)** \* | \* based on Flat Rate Priority Mail | \* TBD |
|  |  |
| **Tax Deductible Donation** |  |
|  |  |
| **TOTAL** |  |
| **Name:**  | **Title:**  |
| **Organization:**  |
| **Address:**  |
| **City:** | **State:** | **Zip:** |
| **Phone:**  | **Email:** |
| **Payment Type (circle): Check American Express MasterCard Visa** |
| **Name on card:**  |
| **Signature:**  |
| **Card Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Exp. Date** |  |  |  |  |