



Your professional link to excellence

Renewal – Active or Government Associate Member Application

Name Title\*\*
Circle One: City Town Village Municipality Name
Street Address P.O. Box or Apt. #
City State Zip Code County
E-mail Address Work Telephone Fax Phone Number
Population Website Address

Please respond to the next four questions. They help us with annual surveys we create to help our members:

Type of Internet Connection: Dial Up | Cable | DSL Type of Position: Part Time or Full Time
Are you: Elected or Appointed Please tell us your Annual Salary: (Actual or Est.)

\*\*We now have two categories of membership. Please check the one that fits you:

Active Member: Either Clerk, Deputy or any individual actively performing duties of the Municipal Clerk as defined by state statutes.
Government Associate Member: Membership available to government employees that do not fit the Active Member category but are interested in the WMCA.

If you are replacing someone who was a member, please write their name:

I hereby apply for membership in the Wisconsin Municipal Clerks Association and enclosed is my \$65.00 renewal fee. I understand that membership runs from January 1 through December 31.

Signature Date

Send check and application to: Wisconsin Municipal Clerks Association
1414 Montclair Place
Fort Atkinson, WI 53538

If you have any questions: Phone: (920) 568-9278 or E-mail: coordinator@wisclerks.org

If paying by credit card, fill out the following:

Card Number Security Code Expires (MM/YYYY) /
Print Cardholder's Name:

Signature Date