



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 | Hi-Speed | 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:

Visa Card Number _____
 Mastercard Security Code _____ Expires (MM/YYYY) ____/____
 Discover Print Cardholder's Name: _____

Signature _____ Date _____