



Wisconsin Municipal Clerks Association

Your professional link to excellence

Associate Membership Application

Please Print

Member Type:

Associate Member

Persons interested in the WMCA, educational, financial, Municipality related organizations & vendors, etc.

FEE \$100

Business Name

Associate Member Name

Title

Street Address

P.O. Box

City

State

Zip Code

E-mail Address

Telephone

Fax

Service /Product Description

Company Website URL

\*Office Asst. Contact (\*optional)

\*E-mail Address

The membership year is January 1 through December 31.

If paying by check, make check payable to:  
Check & form can be mailed to:

WMCA  
Wisconsin Municipal Clerks Association  
1414 Montclair Place  
Fort Atkinson, WI 53538

If paying by credit card, fill out the following:

Visa      Card Number \_\_\_\_\_

Mastercard      Security Code    \_\_\_\_\_      Expires (MM/YYYY)    \_\_\_\_ / \_\_\_\_

Discover      Print Cardholder's Name \_\_\_\_\_

Am. Express

Signature

Date