



Wisconsin Municipal Clerks Association

Your professional link to excellence

Clerk-In-Transition Membership Application

Name _____

Street Address _____

P.O. Box or Apt. # _____

City _____

State _____

Zip Code _____

County _____

E-mail Address _____

Home Telephone _____

Please Circle

Have you worked for a municipality before? _____

Yes No

If yes: _____

City Town Village

Where did you work last? _____

Title _____

Municipality _____

Population _____

How many years have you been a clerk or Deputy? _____

If we receive an inquiry from a municipality: _____

What position are you looking for? _____

Are you willing to move? Yes No

I hereby apply for membership in the Wisconsin Municipal Clerks Association and enclosed is my \$25.00 membership 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
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 _____