

# W M C A

Wisconsin Municipal Clerks Association  
Your professional link to excellence  
**Regular Membership Application**

Name \_\_\_\_\_ Title \_\_\_\_\_

Municipality  
Circle One:            City            Town            Village

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_ P.O. Box or Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

Website Address \_\_\_\_\_ Fax Phone Number \_\_\_\_\_ Population \_\_\_\_\_

**Please Circle**

Type of Internet Connection:            Dial Up            Cable            DSL            Wireless            Your own T-1

Type of Position:            Part Time or            Full Time

Are you:            Elected or            Appointed

Please fill in only one:            Hourly Wage \_\_\_\_\_ Annual Salary \_\_\_\_\_

How many years have you been a clerk or Deputy? \_\_\_\_\_

If you are replacing a clerk who was a member, please write their name: \_\_\_\_\_

I hereby apply for membership in the Wisconsin Municipal Clerks Association and enclosed is my \$45.00 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 \_\_\_\_\_