



# **WCPC Certification**

**Wisconsin Certified  
Professional Clerk**



**Grandfathering  
Application**

Have you earned a Master Municipal Clerk (MMC) certification from the International Institute of Municipal Clerks (IIMC)? Yes \_\_\_ No \_\_\_

Have you been a member of the Wisconsin Municipal Clerk's Association (WMCA) for at least three (3) full years? Yes \_\_\_ Date first joined: \_\_\_\_\_

(If you are unsure of your first join date, contact the WMCA Coordinator at [coordinator@wisclerks.org](mailto:coordinator@wisclerks.org))

**If the answer is Yes to both of these questions, you qualify for the WCPC certification. Please complete the following application to obtain your WCPC certification, plaque and pin.**

**GRANDFATHERING INSTRUCTIONS IF YOU HAVE EARNED AN IIMC MMC CERTIFICATION**

- 1. Fill out and sign Pages 2 and 3.
- 2. Attach a photocopy of your MMC certificate.
- 3. Enclose the \$50 application fee made payable to WMCA.
- 4. Mail this application, MMC certificate & the \$50 fee to:

**WMCA Certification Committee  
1414 Montclair Place  
Fort Atkinson, WI 53538**

## WCPC GRANDFATHERING APPLICATION

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

Municipal Employer: City / Town / Village of \_\_\_\_\_  
(circle one)

Municipality Address: \_\_\_\_\_  
(Street) (City) (County) (Zip Code)

Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date Hired/Appointed/Elected: \_\_\_\_\_

Date of IIMC CMC Certification: \_\_\_\_\_

**I am applying for the WCPC certification under the grandfathering procedure. I have completed and enclosed Pages 2 and 3 and all other required information and fees.**

\_\_\_\_\_  
**Applicant Signature\*\***

**\*\*Both pages must have proper signatures for the application to be considered.**

## WMCA CODE OF ETHICS

The Wisconsin Municipal Clerks Association (WMCA) is a professional organization of municipal clerks who have united to:

- Impart standards of quality and integrity so that the conduct of the members shall be above reproach and merit public confidence
- Promote the professional development of its members
- Enhance and promote the professional management of governmental records

To further these objectives, certain principles shall govern the conduct of every member of the WMCA.

1. To recognize that my chief function at all times is to serve the best interests of the people;
2. To uphold both the letter and the spirit of the government and laws of the State of Wisconsin, my county and municipality;
3. To devote my time, skills, and energies to my office, both independently and in cooperation with other professionals;
4. To so conduct my public and private life as to be an example to my fellow citizens;
5. To be sensitive and responsive to the rights of the public and its changing needs;
6. To impart to my profession those standards of quality and integrity that the conduct of the affairs of my office shall be above reproach and will merit public confidence in my community;
7. To maintain my neutrality and impartiality, rendering equal service to all and extend the same treatment I wish to receive myself;
8. To respect and protect privileged information to which I have access by virtue of my office;
9. To not knowingly be a party to or condone any illegal, immoral, or improper activity; and,
10. To use neither public property nor resources for my personal or political gain.

I do hereby subscribe to this Code of Ethics, which I affirm will govern my professional and personal conduct as a Wisconsin Municipal Clerk.

I hereby apply for Wisconsin Certified Professional Clerk status with the Wisconsin Municipal Clerks Association, and attest that the following statements and presentations are accurate and true to the best of my knowledge. I further acknowledge that continuous membership in WMCA is required to retain and use the WCPC Designation.

STATE OF WISCONSIN  
\_\_\_\_\_ COUNTY

\_\_\_\_\_  
**Signature of Applicant\*\***

The above applicant \_\_\_\_\_ having been duly sworn and known by me to be the person signing this document has affixed her/his signature this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary\*\***

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Printed Name of Notary

(SEAL)