



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
262 West Main Street
Wales, WI 53183
Phone (920) 568-9278
If you have any questions: E-mail-info@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 _____
[] American Express

Signature _____ Date _____