



Renewal- Active or Government Associate Member Application

Name Title\*\*

Check One: City [ ] Town [ ] Village [ ] Municipality Name

Street Address P.O. Box or Apt. #

City State Zip Code County

E-mail Address Work Telephone Fax Phone Number

Population Website Address

Please respond to the next four questions. They help us with annual surveys we create to help our members:

Does your Municipal building have internet: \_\_ Yes \_\_ No Date of Birth: \_\_/\_\_/\_\_ Are you: \_\_ Male \_\_ Female

Type of Position: \_\_ Part Time \_\_ Full Time Are you: \_\_ Elected \_\_ Appointed

Please tell us your Annual Salary: (Actual or Est.) \_\_\_\_\_

\*\*We now have two categories of membership. Please check the one that fits you:

\_\_ Active Member: Either Clerk, Deputy or any individual actively performing duties of the Municipal Clerk as defined by state statutes.

\_\_ Government Associate Member: Membership available to government employees that do not fit the Active Member category but are interested in the WMCA.

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

I hereby apply for membership in the Wisconsin Municipal Clerks Association and enclosed is my \$65.00 renewal 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

If you have any questions, contact the Executive Director by Phone: (920) 568-9278 or E-mail: info@wisclerks.org

If paying by credit card, fill out the following:

[ ] Visa Card Number \_\_\_\_\_

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

[ ] Discover

[ ] American Express Print Cardholder's Name: \_\_\_\_\_

Signature Date