



2024 New 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 \$50.00 membership fee. I understand that this membership runs from Today 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: Phone or Fax: (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