



Your professional link to excellence

### 2025 Associate Membership Application

**Please Print**

Member Type:

Associate Member

Persons interested in the WMCA, educational, financial, Municipality related organizations & vendors, etc.

**FEE \$100**

Business Name

Associate Member Name Title

Street Address P.O. Box

City State Zip Code

E-mail Address Telephone Fax

Service /Product Description Company Website URL

\*Office Asst. Contact (\*optional) \*E-mail Address

The membership year is January 1 through December 31.

If paying by check, make check payable to: WMCA  
Check & form can be mailed to: Wisconsin Municipal Clerks Association  
262 West Main Street  
Wales, WI 53183

**If paying by credit card, fill out the following:**

Visa Card Number \_\_\_\_\_

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

Discover Print Cardholder's Name \_\_\_\_\_

Am. Express \_\_\_\_\_

Signature Date



Additional Associate Membership Application

Please Print

Business Name

Street Address P.O. Box

City State Zip Code

List All Additional Associates: FEE - \$50 each

Associate Name E-mail Address Phone Number

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If paying by check, make check payable to: WMCA
Check & form can be mailed to: Wisconsin Municipal Clerks Association
262 West Main Street
Wales, WI 53183

If paying by credit card, fill out the following: Total Payment: \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expires (MM/YYYY) \_\_\_\_ / \_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Am. Express

Signature Date