



Wisconsin Municipal Clerks Association

Your professional link to excellence

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:

Form fields for credit card payment: Visa, Mastercard, Discover, Am. Express, Card Number, Security Code, Expires (MM/YYYY), Print Cardholder's Name

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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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