



## 2021 MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ CMC / MMC

Municipality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you currently working toward certification? \_\_\_\_\_ If yes, which? CMC MMC

Please check any of the following interest/concerns/educational needs you have:

\_\_\_\_\_ Agenda/Packet Preparation \_\_\_\_\_ Paperless Packets \_\_\_\_\_ Records Storage  
\_\_\_\_\_ Budget Preparation \_\_\_\_\_ Parliamentary Procedures \_\_\_\_\_ Resolution  
\_\_\_\_\_ Employee Management \_\_\_\_\_ Proclamation Writing \_\_\_\_\_ Social Media  
\_\_\_\_\_ Federal/State Legislation \_\_\_\_\_ Public Notices \_\_\_\_\_ Transcription  
\_\_\_\_\_ Ordinance Writing \_\_\_\_\_ Records Management  
\_\_\_\_\_ Other: \_\_\_\_\_

Are you interested in helping with any of the following?

\_\_\_\_\_ Annual Audit \_\_\_\_\_ Facebook Updates \_\_\_\_\_ Photos at Meetings  
\_\_\_\_\_ Clerk of the Year Selection \_\_\_\_\_ Scholarship Selection \_\_\_\_\_ Website Updates  
\_\_\_\_\_ Education/Training Topics \_\_\_\_\_ Serving as an Officer

Membership Type: \_\_\_\_\_ Active Member \$35.00 \_\_\_\_\_ Associate Member \$25.00 \_\_\_\_\_ Honorary Member \$0.00

**PLEASE REMIT ALL PAYMENTS TO:**  
**DMCA TREASURER**  
**C/O VALERIE HERITAGE**  
**27 S. MARKET STREET PLAZA**  
**SMYRNA, DE 19977**