



2022 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