



## 2023 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      \_\_\_\_\_ Associate Member      \_\_\_\_\_ Honorary Member  
\$35.00      \$25.00      \$0.00

**PLEASE REMIT ALL PAYMENTS TO:**  
**DMCA TREASURER**  
**C/O VALERIE HERITAGE**  
**201 S. WALNUT STREET**  
**MILFORD, DE 19963**