



MICHIGAN ASSOCIATION OF MUNICIPAL CLERKS

120 N Washington Sq, Ste 110A
Lansing, MI 48933-1609

COMMITTEE APPLICATION

✓ I am interested in making application to serve as a member on the following Committee:

<input type="checkbox"/>	Conference Committee	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Education Committee	<input type="checkbox"/>	
<input type="checkbox"/>	Legislative Committee - C.E.O.	<input type="checkbox"/>	

NAME: _____

ADDRESS: _____

CITY: _____ STATE: MI ZIP CODE: _____

TELEPHONE: Office: _____ Cell: _____

E-Mail : _____

JURISDICTION: _____

POSITION: _____

NUMBER OF YEARS AS MAMC MEMBER: _____

EDUCATION: _____

PROFESSIONAL AFFILIATIONS: _____

PERSONAL SKILLS OR AREAS OF EXPERTISE
RELATIVE TO THE COMMITTEE:

DESCRIBE WHY YOU WOULD BE AN ASSET TO
THE COMMITTEE:

Return
to the address above or
info@michiganclerks.org

Signature of applicant

Date: _____

**NOTE: Committees are formed yearly after the Annual Conference.
This application will be retained on file for one year. Resubmit a new application after that time.**