



MICHIGAN ASSOCIATION OF MUNICIPAL CLERKS

APPLICATION FOR BOARD DIRECTORS

I, _____, do hereby make application for :

(check those of interest)

_____ Second Vice President

_____ Third Vice President

_____ Director (City/Village)

_____ Director (Township)

to serve on the Board of Michigan Association of Municipal Clerks.

Last Name	First Name	Initial
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Municipal Employer

City	County
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Title	Year Elected/Appointed
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Population of Municipality You Serve

Other Related Municipal Experience

Municipality	Title
Years	

