

APPLICATION FOR BOARD DIRECTORS

l,		, do hereby make applicatio	n for:
(check those of inte	rest)		
[Director		
to serve on the Boa	rd of Michigan Association	on of Municipal Clerks.	
Last Name	First Name	Initial	
Municipal Employer	-		
City		County	
Title		Year Elected/Appointed	
Population of Munic	cipality You Serve		
Other Related Muni	cipal Experience		
Municipality	Title		Years
Previous service to	the organization		
Member of MAMC		IIMC	
Number of State Co	onferences attended	IIMC Conferences	
Are you a member	of any regional Clerk's A	ssociations?	

Please describe your qualifications and experience why you would like to be considered for this position serious commitment to attend Board Meetings and Please tell us about yourself and why you are chothis time.	on. Election to this position is a discrete serve on additional committees, etc.
 	
I DO HEREBY ATTEST THAT THE INFORMATION APPLICATION IS TRUE AND CORRECT.	ON SUBMITTED IN AND WITH THIS
Date	Signature of Applicant
DEADLINE TO SUBMIT: <u>AUGUST 16, 2019</u>	
SUBMIT TO:	
MICHIGAN ASSOCIATION OF MUNICIPAL CLEF 120 N WASHINGTON SQ STE 110A	RKS

LANSING MI 48933-1609