



## MEMBERSHIP APPLICATION

**International Institute of Municipal Clerks**  
8331 Utica Ave., #200 • Rancho Cucamonga, CA 91730 • (905/9444162) • FAX (909/944-8545)  
PLEASE COMPLETE ENTIRE FORM PRIOR TO RETURNING TO IIMC

Mr.  Ms. Name \_\_\_\_\_ Title \_\_\_\_\_  
Municipality (city, village, town) \_\_\_\_\_ Municipal Population \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_  
Municipality \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Country \_\_\_\_\_  
Work E-mail \_\_\_\_\_ Home E-mail \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
 I was previously an IIMC member in: (Municipality) \_\_\_\_\_ (State/Province) \_\_\_\_\_  
 Enclosed is CHECK for \$ \_\_\_\_\_ (payable in U.S. Funds to IIMC) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 AE/VISA/MC# \_\_\_\_\_ Exp. date \_\_\_\_\_ Signature \_\_\_\_\_ Total amount charged \_\_\_\_\_  
*I hereby swear & affirm I am eligible for the membership classification of \_\_\_\_\_ (insert member type)*  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTIFY IIMC OF ANY CHANGES TO YOUR MEMBERSHIP**

