

MASSACHUSETTS TOWN CLERKS ASSOCIATION
ANNUAL DUES FY2024

Membership Payment Due By
Sept. 1st to Retain Member
Benefits

TOWN INFORMATION

Town Name: _____ City/Town: _____
Address: _____ Current Population: _____
Office Phone: _____ Ext: _____
Mailing address only if different than Mailing Address: _____
Town Address

Annual Dues ACTIVE MEMBERSHIP FEES (Please Circle)			
\$15.00	Town population of less than 1,000	Town population from 10,001 to 25,000	\$100.00
\$35.00	Town population from 1,001 to 5,000	Town population in excess of 25,000	\$150.00
\$75.00	Town population from 5,001 to 10,000	Affiliate Member (City Clerk)	\$100.00

CLERK INFORMATION

Current Clerk: _____ Select Title: ___ Town Clerk ___ City Clerk
Clerk's Email: _____ Clerk's Phone: _____ Ext: _____
1st Year Became Clerk: _____ Appointed ☐ Elected ☐ CMC ☐ MMC ☐ CMMC ☐

OFFICE STAFF INFORMATION

Please provide information for Staff that you want as an Associate Member,
OR you want to provide membership benefits for, OR who may attend a conference.

Members Name: _____ *Associate Membership: YES ☐ NO ☐
Email: _____ Position: _____
MTCA Member Benefit's: Check box for each Member Benefit authorized for this staff person.
MTCA Email: ☐ MTCA Website: ☐ Attend Conferences: ☐ Clerks Initials for Authorization _____

Members Name: _____ *Associate Membership: YES ☐ NO ☐
Email: _____ Position: _____
MTCA Member Benefit's: Check box for each Member Benefit authorized for this staff person.
MTCA Email: ☐ MTCA Website: ☐ Attend Conferences: ☐ Clerks Initials for Authorization _____

Members Name: _____ *Associate Membership: YES ☐ NO ☐
Email: _____ Position: _____
MTCA Member Benefit's: Check box for each Member Benefit authorized for this staff person.
MTCA Email: ☐ MTCA Website: ☐ Attend Conferences: ☐ Clerks Initials for Authorization _____

* Add \$25.00 to ANNUAL DUES for each ASSOCIATE MEMBER AMOUNT ENCLOSED: _____

Feel free to Fax or Email forms when you submit for payment to ensure we have the form when payment is received.

Please make checks payable to: MASSACHUSETTS TOWN CLERKS' ASSOCIATION, INC.

Return form with check to

Patricia Bessette,
MTCA Assistant Treasurer
65 East Main Street
Avon, MA 02322

Questions on Membership:

Phone: 508-588-0414 x1013
Fax: 508-559-0209
Email: membershipMTCA@gmail.com

FORM IS REQUIRED WITH PAYMENT