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| **A picture containing text, clipart  Description automatically generated** | **MASSACHUSETTS TOWN CLERKS ASSOCIATION**  **OFFICE STAFF CHANGE FORM** |

|  |  |
| --- | --- |
| **TOWN / CLERK INFORMATION** | |
|  | |
| **City / Town Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Clerk Name:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPLETE THIS SECTION FOR** | | | | | | | | | |
| **NEW OFFICE STAFF** | | | | | | | | | |
| **Members Name:** | |  | | **\*Associate Membership:** | | | | **YES**  **NO** | |
| **Email:** |  | | | **Position Title:** | | |  | | |
| **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 for each ASSOCIATE MEMBER**  **(Associate Membership is required for**  **Professional Class Attendance to be recorded and tracked)**  **Associate Memberships follow Office Staff to new locations** | | | | | **AMOUNT ENCLOSED:** | | |  | |
|  | | | | | | | | | |
| **COMPLETE THIS SECTION TO** | | | | | | | | | |
| **REMOVE OFFICE STAFF** | | | | | | | | | |
| **Members Name:** | | | | | **If moving to a new City/Town:** | | |  | |
| **Members Name:** | | | | | **If moving to a new City/Town:** | | |  | |

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| --- | --- | --- | --- |
| **Please email forms when you submit for payment (if applicable) 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** |  | **Questions on Membership:** |
|  | **65 East Main Street** |  | **Phone: 508-588-0414 x1013** |
|  | **Avon, MA 02322** |  | **Fax: 508-559-0209** |
|  |  |  | **Email: membershipMTCA@gmail.com** |

**FORM IS REQUIRED WITH PAYMENT**