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

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

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| --- |
| **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**