

Signature

MASSACHUSETTS TOWN CLERKS' ASSOCIATION

CERTIFICATION PROGRAM APPLICATION FOR EXAMINATION

Checklist for applicants: Review Examination Information – Guidelines & Requirements _____ Check deadline for applications. Fill in all information requested below. Enclose non-refundable fee of \$50.00 payable to the MA Town Clerks' Association Six MTCA Education Classes completed (Note: documentation of courses will be requested for the applicant by the test administrator) Mail completed application to: Barbara LaBombard, MTCA Certification Administrator 50 Payson Ave., Easthampton, MA 01027 Name:____ First Middle Last Title: Municipality: Mailing Address: Phone – Work # (____) Home # (____) E-mail Address:_____ I have been a Town Clerk since _____ and a member of the Massachusetts Town Clerks' Association since . . I am applying for the _____ January examination ____ July examination I have read and understand the information contained in the Examination Information – Guidelines and Requirements.

Date