



MUNICIPAL CLERKS & FINANCE OFFICERS ASSOCIATION OF MINNESOTA

APPLICATION FOR POSITION ON THE BOARD OF DIRECTORS

I am applying for the following Board Position: _____

I request that my name be placed on the ballot for election.

Name: _____ Position/title: _____

City: _____ Telephone: _____

Address: _____ Email: _____

City Support

____ I have the support of my City to serve in the position I am applying for.
(Please submit written affirmation of City Council support)

Experience

Municipal years of service and position titles:

Duties and responsibilities of your current position:

Previous service on MCFOA committees:

Previous service on the MCFOA Board of Directors:

MEMBERSHIPS/CERTIFICATIONS:

Professional organization memberships:

___ MCFOA ___ IIMC ___ Other: _____

Certifications:

___ MCMC (Minnesota Certified Municipal Clerk)

___ CMC (IIMC Certified Municipal Clerk)

___ MMMC (Minnesota Master Municipal Clerk)

___ MMC (IIMC Master Municipal Clerk)

___ Other: _____

OBJECTIVES:

Why are you interested in serving on the MCFOA Board of Directors?

What are your goals and objectives for the MCFOA Board of Directors?

OPTIONAL INFORMATION:

Other education and experiences:

Signature: _____

Date: _____

Please Send To Nominating Committee Chair by March 6th:

**Linda Rappe
City of Kasson
402 10th Ave Cir NW
Kasson, MN 55944**