

LISTSERVE APPLICATION
COUNTY/DISTRICT CLERKS' ASSOCIATION

PLEASE PRINT CLEARLY

COUNTY: _____

NAME: _____

ADDRESS: _____

OFFICE PHONE NUMBER: _____

E-MAIL ADDRESS: _____

I would like to apply for the listserv. I do agree to abide by the CDCA rules and regulations.

Signature

Date

DO NOT SEND YOUR APPLICATION TO TAC:

MAIL APPLICATION TO: PRESIDENT
CDCA

DO NOT WRITE IN THIS SPACE:

APPROVAL: _____ SENT TO TAC: _____

DATE: _____