

Please remit payment for the following individuals for Membership in the Clerk's Association for 2012:

**A membership card will be sent to each person as indicated below
PLEASE TYPE OR PRINT EACH NAME CLEARLY...THANK YOU**

County _____ Clerk _____

Maximum Amount \$250.00 or 1% of Salary\$ _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Deputy _____ Deputy _____

Number of Deputy Clerks _____ x \$15.00 = Total \$ _____

Grand Total _____

**ATTACH THIS COMPLETED FORM TO YOUR CLAIM VOUCHER OR SEND IT WITH YOUR
CHECK MADE PAYABLE TO: INDIANA CLERK'S ASSOCIATION**

MAIL TO: TERRI RETHLAKE, 101 S MAIN ST., SOUTH BEND, IN 46601