

OKLAHOMA MUNICIPAL CLERKS INSTITUTE

Clerks Application Form

DATE _____

NAME _____
(As written on attendance roster)

TITLE _____

EMPLOYED BY _____

OFFICE ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE _____ FAX _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

- Enclosed is a check for the \$20 OSU-OMCI application fee.
Please make check payable to **Oklahoma State University**.
- Please bill the city for the \$20 OSU-OMCI application fee.
- Please charge my card for the \$20 OSU-OMCI application fee.

Card #: _____ Expiration Date: _____

Security Code: _____ Billing Zip: _____

Mail Oklahoma Municipal Clerks Institute application and check to the address listed below:

**Center for the Future of Work
Oklahoma State University
Spears School of Business
294 Business Building
Stillwater, OK 74078**