



**MISSISSIPPI MUNICIPAL CLERKS AND COLLECTORS ASSOCIATION  
COMMITTEE INTEREST FORM  
2024 – 2025**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YEAR(S) AS CITY/DEPUTY CLERK: \_\_\_\_\_

INTERESTED IN SERVING AS A COMMITTEE CHAIRPERSON: \_\_\_\_\_

**COMMITTEES:**

|                       |                                |                              |                    |
|-----------------------|--------------------------------|------------------------------|--------------------|
| <b>BUDGET</b>         | <b>CERTIFICATION</b>           | <b>EDUCATION</b>             | <b>HANDBOOK</b>    |
| <b>IIMC</b>           | <b>LEGISLATIVE</b>             | <b>NOMINATING</b>            | <b>SCHOLARSHIP</b> |
| <b>SILENT AUCTION</b> | <b>HOSPITALITY/ PROMOTIONS</b> | <b>MEMBERSHIP/ MENTORING</b> |                    |

I am interested in serving on the following committees. Please list them in order of preference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Deadline to return form: **May 15, 2024**

RETURN TO: Paula Tierce, 1<sup>st</sup> Vice President  
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Madison, MS 39110

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