



International Institute of Municipal Clerks

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REQUEST FOR CMC REPLACEMENT CERTIFICATE

Name (Last, First, MI)

Title

Municipality or Government Unit

Mailing Address (Street Address Required)

Suite/Apt. #

City/State/Province/Country, ZIP/Postal Code

Email Address

Phone

Fax

Please check one box (**MUST BE AN ACTIVE MEMBER**):

Replace Current or Expired Certificate

Replace Rescinded (i.e. dropped) Certificate