



Maine Municipal Tax Collectors' and Treasurers' Association

www.mmtcta.org

Application
MMTCTA Instructor

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

POSITION: _____ NUMBER OF YEARS IN POSITION: _____

MUNICIPALITY: _____

1. Are you an active member of MMTCTA (DUES PD)? Yes No

2. MMTCTA Certification/Date received:

3. Prior municipal experience (TOWN AND POSITION):

4. Prior work experience:

5. Education:

6. Prior teaching experience:

7. Please list the courses you are interested in teaching:

8. What is your availability and/or limitations on your schedule (Are there days which you are not available?)

9. Please provide a summary of why you would like to be considered as a student instructor for MMTCTA. (Use back of page, if necessary)

Signature: _____

Date: _____

Return to: Maine Municipal Association
Attn: Joan Kiszely, Training and Affiliate Coordinator
60 Community Drive
Augusta, ME 04330