



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. Prior municipal experience (TOWN AND POSITION) - other than above:
2. Prior work experience:
3. Education:
4. Prior teaching experience:
5. Please list the courses you are interested in teaching:
6. What is your availability and/or limitations on your schedule (Are there days which you are not available?)
7. Please provide a summary of why you would like to be considered as an instructor for MMTCTA. (Use back of page, if necessary)

Signature: _____

Date: _____

Return to: MMTCTA
60 Community Drive
Augusta, ME 04330

Committee Use Only

Is applicant an active member of MMTCTA (DUES PD)? Yes No

MMTCTA Certification/Date received: _____