

VOLUNTARY  
TOWNSHIP CLERK CERTIFICATION  
PROGRAM (VTCC)  
Application



PLEASE PRINT – PLEASE COMPLETE EVERY LINE

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Township Clerk OR  Township Deputy Clerk

County: \_\_\_\_\_ Township: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Possess or Will Purchase TOI Clerks Handbook

Township Officials of Illinois Dues Paid

TOI Clerks Division Dues Paid

VTCC Program Fee: \$25.00

(Covers a two-year period; transferrable should a vacancy occur.)

*Please send completed application and check made out to **Township Clerks of Illinois** to:*

The Honorable Mary Shubert

Lively Grove Township

4706 Marigold Road

Coulterville, IL 62237

Questions? Email: [lgtownshipclerk@gmail.com](mailto:lgtownshipclerk@gmail.com)

Verification to be done by Clerks Division Coordinator

- |   |  |
|---|--|
| <input type="checkbox"/> Application Rec'd: date: _____   | <input type="checkbox"/> Check # _____             |
| <input type="checkbox"/> Review Application for Accuracy  | <input type="checkbox"/> Check Dues Payment Status |
| <input type="checkbox"/> Send Confirmation of Application Receipt with Proof of Participation form to Applicant |  |
| <input type="checkbox"/> Record Applicant Information   | <input type="checkbox"/> Send Check to Treasurer   |
|   | <input type="checkbox"/> File Application          |

Disclaimer: This is a voluntary certification program not required by state law.