

**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:*

Honorable Clerk Delores Schelm

11569 Telegraph Road

Pecatonica, IL 61063-9188

VERIFICATION

Application Rec'd: _____

Check # _____

Review Application for Accuracy

Check Dues Payment Status

Send Confirmation of Application Receipt with Proof of Participation form to Applicant

Record Applicant Information

Send Check to Treasurer

File Application

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