

**STATEMENT OF INTEREST**  
**2009-2011 CENTRAL DIVISION**  
**MOCCFOA OFFICER**

*(Please print or type responses)*

Name: \_\_\_\_\_

City: \_\_\_\_\_

Length of Time in Position: \_\_\_\_\_

Office Interested In: \_\_\_\_\_

I am an active member of MoCCFOA:     Yes                     No

I am an active member in my division:     Yes                     No

Designations Earned: *(Please check all that apply.)*

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> CMC                   | <input type="checkbox"/> MRCC       | <input type="checkbox"/> 100 Hour Certificate |
| <input type="checkbox"/> MMCA                  | <input type="checkbox"/> Continuing | <input type="checkbox"/> 200 Hour Certificate |
| <input type="checkbox"/> 1 <sup>st</sup> Level | <input type="checkbox"/> Sustaining | <input type="checkbox"/> 300 Hour Certificate |
| <input type="checkbox"/> 2 <sup>nd</sup> Level | <input type="checkbox"/> MPCC       | <input type="checkbox"/> 400 Hour Certificate |
| <input type="checkbox"/> MMC                   |                                     | <input type="checkbox"/> Other                |

Please write below a short description/resume of yourself along with any accomplishments that you would like to relate.

*Please complete this form and mail to Barbara Johnson, City of Lincoln, PO Box 17, Lincoln, MO 65338 or fax it to her attention at 660-547-3964. Letters need to be received no later than January 16, 2009.*