

**VIRGINIA MUNICIPAL  
CLERKS ASSOCIATION**



\_\_\_\_\_ **Yes**, I would like a clerk mentor assigned to me!

\_\_\_\_\_ **Yes**, I would like to serve as a mentor to a clerk.

Please match me up with a clerk as follows:

\_\_\_\_\_ Any                      \_\_\_\_\_ Urban                      \_\_\_\_\_ Rural

\_\_\_\_\_ Town                      \_\_\_\_\_ City                      \_\_\_\_\_ County

\_\_\_\_\_ Other Preference (s) \_\_\_\_\_

**Name** \_\_\_\_\_

**Locality** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please return this form to: Nancy Vehrs, VMCA President, as follows:

Nancy Vehrs  
Clerk to the Fairfax County Board of Supervisors  
12000 Government Center Parkway, Suite 533  
Fairfax, Virginia 22035  
Fax: 703-324-3926, [nancy.vehrs@fairfaxcounty.gov](mailto:nancy.vehrs@fairfaxcounty.gov)