# Certificate of Municipal Leadership

## AWC logoCity elected official group viewing certification for web-based training

## Self-certify by completing the following:

|  |  |  |  |
| --- | --- | --- | --- |
| City name: |  | Date: |  |

|  |  |
| --- | --- |
| Webinar title: |  |

|  |  |
| --- | --- |
| Webinar date: |  |

**City elected officials:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |
| Name: |  | Date complete: |  |

I, hereby certify that the individual(s) named herein attended and completed the above mentioned course.

|  |  |  |  |
| --- | --- | --- | --- |
| City clerk name (please print) |  | Date |  |

|  |  |
| --- | --- |
| City clerk signature |  |

Please scan and return form to: cml@awcnet.org