

**Return to: Ohio Municipal Attorneys Association, 175 South Third Street, Suite 510, Columbus, Ohio 43215-7100**

**APPLICATION FOR MEMBERSHIP/RENEWAL IN THE  
OHIO MUNICIPAL ATTORNEYS ASSOCIATION FOR THE YEAR 2007**

I. Name of Municipality: \_\_\_\_\_  
Street Address of Municipal Building \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Membership Dues for above Municipality for 2007  
*If a City* **\$700**  
*If a Village* **\$525**

Cities are municipalities with a population of 5,000 or more. Villages are under 5,000 population.  
Choose which classification is applicable and remit only for that classification.

3. Service Charge: If more than two copies of each Newsletter is desired, please remit \$100 for  
each additional copy requested: Additional copies at \$100 each. \$ \_\_\_\_\_

Total Dues and Service Charges (line 2 plus 3) \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: OHIO MUNICIPAL ATTORNEYS ASSOCIATION**

A. Name of Chief Legal Officer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City; \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Telephone No. ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Attorney Registration No. \_\_\_\_\_

B. Name of Chief Prosecutor : \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City; \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Telephone No. ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Attorney Registration No. \_\_\_\_\_

“Contribution, gift or dues payments to The Ohio Municipal Attorneys Association are not deductible as charitable contributions for federal income tax purposes. Consult your tax advisor if you have questions.”