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 2018

1.	Name of Municipality:				
	Street Address of Municipal Buildi Zip Code:	ing:			
2.	Membership Dues for Municipaliti	ies for 2018			
	If a C	City: population over 60,000	<i>\$975</i>		
	· · · · · · · · · · · · · · · · · · ·	City: population 60, 000 or under	\$775		
		Village: population over 2500 Village: population 2500 or under	\$600 \$300		
	s are municipalities with a population	of 5,000 or more. Villages are under	•	on.	
	ose which classification is applicable a	-			
(<i>You</i> 3.	may use this form for Associate Mem Total Dues	s sperships, also.)			
			_		
	AA Membership covers the municipal	•	•	•	
addi	tional staff names and emails on the ba	ack of this form. We do not limit the n	umber to 2 peop	oie.)	
MA	KE CHECKS PAYABLE TO: OHI	O MUNICIPAL ATTORNEYS AS	SOCIATION ((OMAA)	
A.	Name of Chief Legal Officer:				
	Title:				
	Address:				
	City:	State:	Zip:		
	Office Telephone No. (Fax: ()	
	E-Mail Address:	Attor	torney Registration No		
В.	Name of Chief Prosecutor:				
	Title:				
	Address:				
	City:	State:	Zip:		
	Office Telephone No. ()_		Fax: ()	
	E-Mail Address:	Atto	ornev Registratio	on No.:	

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