

**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 2021**

1. Name of Municipality: \_\_\_\_\_

Street Address of Municipal Building: \_\_\_\_\_

Zip Code: \_\_\_\_\_

2. Membership Dues for Municipalities for 2021:

*If a City: population over 60,000*                      **\$1050**

*If a City: population 60, 000 or under*                      **\$800**

*If a Village: population over 2500*                      **\$650**

*If a Village: population 2500 or under*                      **\$300**

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.

*(You may use this form for Retiree Memberships and Associate Memberships, also.)*

3. Total Dues \$ \_\_\_\_\_

**(OMAA Membership covers the municipality. Most information is sent out electronically. You may add additional staff names and emails on the back of this form. We do not limit the number to 2 people.)**

**MAKE CHECKS PAYABLE TO: OHIO MUNICIPAL ATTORNEYS ASSOCIATION (OMAA)**

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.: \_\_\_\_\_

***Contributions, gifts 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 any questions.***