OHIO ASSOCIATION OF MAGISTRATES

The Voice of Ohio Magistrates

Membership Application

MEMBER ANNUAL DUES..... $150.00

Yes, I want to be a member of the Ohio Association of Magistrates! Enclosed is my check for dues in the amount of **$150.00**, made payable to the "Ohio Association of Magistrates".

Magistrate_____

Court_____ Attorney Reg No._____

Appellate District _____ _____Full-time or _____Part-time

Date of Admission to Bar _____ Date Appointed Magistrate_____

Check Jurisdiction(s) _____ Common Pleas _____Court of Appeals

_____County Court _____Court of Claims _____Domestic Relations

_____Juvenile _____Municipal _____Probate

WORK Address_____

_____

WORK phone (___) _____Home phone (___) _____

WORK Email _____

Home Email _____

___ I authorize the above **Work** information to be included on the OAM Website.

___ I do not wish to be on the OAM Website.

How did you hear about the OAM?

_____

Return this with your check to: Pamela A. Heringhaus, Administrator, pheringhaus@ohiomagistrates.org ; P.O. Box 145, Port Clinton, OH 43452