

OHIO ASSOCIATION OF MAGISTRATES

The Voice of Ohio Magistrates

Membership Application

MEMBER ANNUAL DUES \$125.00

Yes, I want to be a member of the Ohio Association of Magistrates! Enclosed is my check for dues in the amount of **\$125.00**, made payable to the "Ohio Association of Magistrates".

Magistrate _____

Court _____ Attorney No. _____

Mailing Address _____

Telephone (____) _____ Fax (____) _____

E-Mail _____

____ Full-time or ____ Part-time Magistrate

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

____ I authorize the above information to be included on the OAM Website.

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

Please list only the following identifying information about me on the OAM website:

How did you hear about the OAM? _____

Return this with your check to: Ohio Association of Magistrates

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