

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 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 Telephone (____) _____ Fax (____) _____

Work Email _____

Home Telephone (____) _____

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: Ohio Association of Magistrates
c/o Pamela Heringhaus, Administrator
P.O. Box 52
Port Clinton, OH 43452
pheringhaus@ohiomagistrates.org
419-308-1406