



**Ohio Association of Magistrates
Retired Membership Form**

Yes, I want to be a Retired Member of the Ohio Association of Magistrates! Enclosed is my check for dues in the amount of **\$25.00**, made payable to the Ohio Association of Magistrates.

Retired Magistrate _____

Date of Retirement _____

Court(s) from which Retired _____

Years at Court(s) _____

Practice Areas _____

Are you receiving retirement benefits? _____ Yes _____ No

Do you continue to practice law? _____ Yes _____ No

Mailing Address _____

Telephone _____ Fax _____

E-Mail _____

Are you interested in serving on an OAM Committee? _____ Yes _____ No

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

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

Return this with your check to:

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