



OAMCCC ELECTED CLERK FORM

INVOICE FOR **2019** MEMBERSHIP DUES

(PLEASE RETURN A COMPLETED COPY OF THIS FORM WITH YOUR PAYMENT)

DUES FOR OFFICE MEMBERSHIP

Membership dues for entire **ELECTED** Clerk's Office \$ 500.00

DUES FOR ASSOCIATE MEMBERS (NON-Clerk's Office Staff)

Court Administrator, Probation Department, Others (**\$ 75.00 each**) \$ 75.00

COURT NAME: _____

COURT ADDRESS: _____

(city, state, zip) _____

COURT PHONE: (____) _____ FAX: (____) _____

CLERK NAME: _____

() NEW CLERK - 2019 () RETURNING CLERK - 2019 () RETIRING CLERK - 2019

CLERK EMAIL: _____

CONTACT PERSON: _____

CONTACT PERSON EMAIL: _____

ASSOCIATE MEMBERS AND TITLES

(Please list all individuals you wish to include for membership – attach extra sheet if necessary)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE COMPLETE THIS FORM & RETURN IT WITH CHECK MADE PAYABLE TO: "OAMCCC"

Mail to: OAMCCC – Stephanie Hardman, Treasurer
Mount Vernon Municipal Court
5 N Gay St Rm 3
Mount Vernon OH 43050-3247

Contact: clerkofcourt@mountvernonohio.org
(740) 393-9552 Phone
(740) 393-5349 Fax

TOTAL AMOUNT ENCLOSED: \$ _____