

**APPLICATION FOR MEMBERSHIP IN THE
MACOMB COUNTY PROBATE BAR ASSOCIATION**

I hereby make application for membership in the Macomb County Probate Bar Association and, if accepted, agree to abide by the By-Laws and Constitution thereof. I further understand and agree to the payment of membership dues at the rate of **\$50.00** per year, which shall be payable upon submission of this application. I am a member in good standing of the State Bar of Michigan.

NAME OF APPLICANT: _____

ADDRESS: (WORK) _____

TELEPHONE: _____

FACSIMILE: _____

ADDRESS: (HOME) _____

TELEPHONE: (HOME) _____

EMAIL ADDRESS: _____

WEBSITE: _____

DATE OF BIRTH: _____

DATE LICENSED TO PRACTICE IN THE STATE OF MICHIGAN: _____

STATE BAR OF MICHIGAN MEMBERSHIP NUMBER: _____

Release information to MCPBA website member directory? Yes No

DATE: _____ **SIGNATURE:** _____

Please return completed application with your check in the amount of **\$50.00** made payable to **Macomb County Probate Bar Association** and mail to:

**PJ Tomlian
MCPBA Administrative Assistant
77017 Omo Road
Armada, MI 48005**