

**APPLICATION FOR MEMBERSHIP IN THE
MACOMB COUNTY PROBATE BAR ASSOCIATION
LEGAL SECRETARIES / LEGAL ASSISTANTS SECTION**

I hereby make application for membership in the Macomb County Probate Bar Association Legal Secretaries / Legal Assistants Section 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 **\$25.00** per year, which shall be payable upon submission of this application.

NAME OF APPLICANT: _____

ADDRESS: (WORK) _____

TELEPHONE: _____

FACSIMILE: _____

ADDRESS: (HOME) _____

TELEPHONE: (HOME) _____

EMAIL ADDRESS: _____

Release information to MCPBA website member directory? Yes No

DATE: _____ SIGNATURE: _____

Please return completed application with check in the amount of **\$25.00** made payable to **Macomb County Probate Bar Association** and mail to:

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