

OAMCCC APPOINTED CLERK FORM

INVOICE FOR 2018 MEMBERSHIP DUES (PLEASE RETURN A COMPLETED COPY OF THIS FORM WITH YOUR PAYMENT)

	R OFFICE MEMBER nbership dues for entire		k's Office		\$ 395.00
	R ASSOCIATE MEM rt Administrators, Prob	`			\$ 0.00
COURT N	AME:				
COURT A	DDRESS:				
(city	, state, zip)				
COURT P	HONE: ()		FAX: (_)	
CLERK N.					
() NEW	CLERK - 2018 (() RETIRING (CLERK - 2018
CLERK E	NA A TT				
CONTACT					
CONTACT	 Γ PERSON EMAIL: _				
(Please	e list all individuals yo	u wish to include	for membership —	attach extra sheet if i	necessary)
PLEASE CO	OMPLETE THIS FOR	M & <u>return 11</u>	WITH CHECK M	IADE PAYABLE TO	: "OAMCCC"
Mail to:	OAMCCC – Jim Li Lima Municipal Co 109 N Union St Lima OH 45801-492	urt			
Contact:	jim.link@cityhall.lim (419) 221-5238 Phor				

TOTAL AMOUNT ENCLOSED: \$395.00

(419) 998-5517 Fax