

Massachusetts Bay Constables Association, Inc. P.O. Box 1

P.O. Box 1 Weymouth, MA 02191-0001 Tel. 781-337-5620 - FAX 781-337-5670

MEMBERSHIP APPLICATION AND ANNUAL DATA / DUES FORM

Dues must be paid by December 31st. of each year.

You must submit copies of your appointment or election documents and surety bonds together with this form. Check all that apply. (Please type or print clearly)

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I am a prospective Member a I am currently a Regular Men I am Currently an Associate I I am currently an Associate I	nber(with document Member applying for Regular	ts already on file) r membership	
Name: (No business name	es)		
Res. address:			Zip
Bus. address:			Zip
Home Tel.:	Bus: Tel.:	FAX Tel	.:
Cell Ph.:	Pager:	E-Mail:	
Have you ever been conYesNo. If Yes a All Regular Members re	attach a detailed explanati	on.	·
Directory listings are avail either appointed or elect	ed and wish to be listed	in, and the County	for each.
Please check all that apply:	Are you Bonded for \$5	5,000.?Yes	No
Notary	State Auctioneer and Lic.	#	J.P.
Can you provide 24 Hr. Subp	oena Service?Y	'esNo	
Are you applying for, or payi listing in MBCA Official Direc			
Regular Member	Asso	ociate Member	
Annual Dues: Regular Member : (1 Full Dir Add \$20.00 for each addition TOTAL DUES: (Check pay	al municipality you want liste	ed.	\$175.00 \$ \$
Associate Member : (Check	payable to MBCA) \$100.0	10	
Cinnatura Disassassitus	and the different state of the same of the	Date:	ton of the mage
Signature. Please mail cor	npleted form with your checl	k to the address at the 1	top of the page.