Missouri Municipal Attorneys Association
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www.mocities.com

MEMBERSHIP BENEFITS:

Members will receive the monthly Municipal Attorney's Newsletter, announcements of meetings of municipal interest and can attend the Summer Seminar. Members may also join the "members only list serve" that allows members throughout the state to pose questions about municipal topics.

MEMBERSHIP CATEGORIES: (Check the category of membership that applies.)

☐ **MMAA Full Membership - $45****

Every full-time or part-time appointed or elected municipal attorney and every full-time or part-time deputy municipal attorney, assistant municipal attorney, municipal prosecutor or assistant municipal prosecutor, by whatever title they may be designated, who represents as legal counsel, by appointment or contract, on a regular basis, any municipality that is a member of the MML, shall be eligible for Full Membership in the MMAA. Additionally, any full-time or part-time appointed or elected county counselor, and any full-time or part-time deputy or assistant county counselor, who represents as legal counsel, by appointment or contract, on a regular basis, any county that is a member of the MML, shall be eligible for Full Membership in the MMAA. Finally, any MML staff members who are duly admitted to practice law in the State of Missouri shall be eligible for Full Membership in the MMAA.

☐ **Associate Membership - $45****

Any attorney admitted to practice law in the State of Missouri who serves as special counsel to a municipality, or who regularly practices in the area of municipal law, may become an Associate Member upon payment of dues and approval of the MMAA Board of Directors. All membership must be consistent with the purposes of this association.

**Annual Membership Dues: $45.00 (per attorney); membership year runs from June 1 – May 31.

PLEASE COMPLETE AND RETURN ONE COPY WITH YOUR REMITTANCE:

Name _____

Firm Name _____

Attorney for _____
(f applicable) (City/Cities)

Preferred Mailing Address:

Street/PO Box _____

City _____ State_____ Zipcode _____

Phone Number: _____FAX Number: _____

E-Mail Address: _____

Optional: MMAA Listserve _____ Yes, please add my e-mail address to the MMAA Listserve.

PAYMENT INFORMATION: ____ Check enclosed
Make checks payable to: MMAA and mail to address above. Thank you.