



Application for Membership in

MICHIGAN COURT OFFICER, DEPUTY SHERIFF AND PROCESS SERVERS ASSOCIATION

3105 S. Martin Luther King, Blvd. - Lansing, Michigan 48910

(800) 99-CIVIL

PLEASE PRINT OR USE TYPEWRITER

QUESTIONS TO BE ANSWERED BY APPLICANT

IMPORTANT! Applicant's name, complete address including P.O. Box, rural route, street address, correct post office and Zip No. should be given. Your home address will be used as mailing address unless otherwise specified.

1. Name _____ Occupation _____
Home Address _____ City _____ Zip _____ Telephone _____
Business Address _____ City _____ Zip _____ Telephone _____
Email Address _____

2. State the place and date of your birth. Answer: Born in City of _____

County of _____ State of _____ on the _____ day of _____ in year _____

Driver's License Number _____ Social Security Number _____ M F

CURRENT POSITION: (check below)

REFERRED BY: _____

COURT OFFICER **CREDENTIALS REQUIRED** Court No. _____ Address: _____
City _____ Zip _____ Phone (____) _____

DEPUTY SHERIFF **CREDENTIALS REQUIRED** County _____ Phone (____) _____
Address _____ City/Zip _____

PROCESS SERVER

PRIVATE DETECTIVE **CREDENTIALS REQUIRED** License No. _____

If Court Officer or Deputy, are you Full Time Part Time Elected

Appointed, When _____

REFERENCES: Give at least three (3) BUSINESS references, not related to you.

Name	Address	Business	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently, or have you ever in the past, worked as a court officer or process server for any law firm or process serving entity. If so, please explain:

FORMER EMPLOYERS: (List below last two employers, starting with most recent first.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				

Any Criminal Convictions? Felony Misdemeanor

Explain: _____

I, the undersigned, understand that I must submit the full amount of Two-Hundred dollars, (\$200.00), as the Membership Dues with the completed application. NO APPLICATION WILL BE PROCESSED WITHOUT THE \$200.00 FEE, If I am accepted as a member of M.C.O.D.S.A. If I am rejected for membership, the \$200.00 MEMBERSHIP FEE IS REFUNDABLE! I further agree to conduct myself and my business practices in an ethical manner and to abide by the By-Laws, Best Practices and Code of Ethics of the organization. Further, I agree to charge no less than, nor more than fees as outlined in MCL 600.2559. Also, it is my complete understanding that any misrepresentation and/or omission of requested information, and/or unethical or immoral conduct could result in termination of my membership, following a review and/or formal hearing of and by the Grievance Committee. I HEREBY AUTHORIZE M.C.O.D.S.A. to investigate any and all statements contained herein, as well as any other records regarding my background, (i.e.) driving, credit, or criminal, as may be deemed pertinent to my membership in M.C.O.D.S.A.

I herewith enclose the \$200.00 Membership Dues by: Check No. _____ Money Order

Dated: _____, 20____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

APPLICATION READ BEFORE THE BOARD: _____, 20____

BOARD MEMBERS PRESENT: _____

REMARKS: _____

APPLICATION FEE ATTACHED: YES NO

APPROVED: REJECTED: DATE: _____, 20____

PRESIDENT: _____ SECRETARY: _____