



Michigan Association of District Court Magistrates

Application for Membership

Name: _____

District Court: _____

Address: _____

Telephone: _____

E-mail: _____

- | | |
|---|---|
| <input type="checkbox"/> Full Time Magistrate | <input type="checkbox"/> Part Time Magistrate |
| <input type="checkbox"/> Attorney Magistrate | <input type="checkbox"/> Non-Attorney Magistrate |
| <input type="checkbox"/> Associate Membership | <input type="checkbox"/> Honorary Membership <i>(invitation only)</i> |

___ **Please, enroll me in the free google group for emails and LinkedIn.**

Mail this form with the annual membership dues of \$75.00 to the Association Treasurer:

Magistrate Gerald J. Ladwig
75th District Court
301 West Main Street
Midland, MI 48640
E-mail: gladwig@co.midland.mi.us