



Massachusetts Bay Constables Association, Inc.

P.O. Box 531
Reading, MA 01867-0531
Tel. 781-944-1191 FAX 781-942-0661

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)**

I am a prospective Member applying for _____ Regular or _____ Associate Membership
I am currently a Regular Member _____ (with documents already on file)
I am Currently an Associate Member applying for Regular membership. _____
I am currently an Associate Member and wish to remain an Associate. _____

Name: (No business names) _____

Res. address: _____ Zip _____

Bus. address: _____ Zip _____

Home Tel.: _____ Bus: Tel.: _____ FAX Tel.: _____

Cell Ph.: _____ Pager: _____ E-Mail: _____

All Regular Members receive a full MBCA Directory listing for 1 Municipality. Additional Directory listings are available at \$20.00 each. **Indicate all municipalities in which you are either appointed or elected and wish to be listed in.**

Please check all that apply: Are you Bonded for \$5,000.? _____ Yes _____ No
_____ Notary _____ State Auctioneer and Lic. # _____ J.P.

Can you provide 24 Hr. Subpoena Service? _____ Yes _____ No

Are you applying for, or paying dues for Regular or Associate Membership? Regular Members have full listing in MBCA Official Directory, Associates are listed by name only.

_____ Regular Member _____ Associate Member

Annual Dues:

Regular Member: (1 Full Directory Listing) \$175.00
Add \$20.00 for each additional municipality you want listed. \$ _____
TOTAL DUES: (Check payable to MBCA) \$ _____

Associate Member : (Check payable to MBCA) 100.00

_____ Date: _____

Signature

Please mail completed form with your check to the address at the top of the page.