



**Massachusetts Bay Constables Association, Inc.**

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 31<sup>st</sup>. 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: \_\_\_\_\_

Have you ever been convicted of a crime in Massachusetts or any other state or country?  
\_\_\_\_ Yes \_\_\_\_ No. If Yes attach a detailed explanation.

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, and the County for each.**

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. Check Off Below

\_\_\_\_ 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

\_\_\_\_\_  
Signature. Please mail completed form with your check to the address at the top of the page. Date: \_\_\_\_\_