District and Municipal Court Management Association

APPLICATION FOR MEMBERSHIP

First Name | Middle Initial | Last Name | Suffix

Position Title | Court/Organization

Street Address

City | State | Zip

Phone | Fax | E-Mail

Are you on the AOC DMADMIN list serve? _____

MEMBERSHIP RATES

☐ **$150 PROFESSIONAL** Employed by a Court of Limited Jurisdiction in a management/leadership position

* Memberships run from January through December

PAYMENT INFORMATION

Please make your check payable to **DMCMA.** Send the application and payment information to:

Judy Ly, DMCMA Treasurer
Pierce County District Court
930 Tacoma Ave S Rm 239
Criminal Division
Tacoma, WA 98402-2115

The above information is accurate to the best of my knowledge. I understand that the category of membership is subject to the by-laws of the association.

_____ _____

Signature | Date

For information more information about membership benefits and committee participation, please visit: www.DMCMA.org

8/4/2015