



*Michigan
Sheriff's Mounted
Association*

DATE: _____

COUNTY NAME: _____

SHERIFF: _____ PHONE: _____

ADDRESS: _____

UNDER SHERIFF: _____

1ST OFFICER: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____
(Area Code & Number)

2ND OFFICER: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____
(Area Code & Number)

SECRETARY: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____
(Area Code & Number)

COUNTY REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____
(Area Code & Number)

TO WHOM ALL CORRESPONDENCE IS TO BE SENT: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____
(Area Code & Number)

Email: _____

NUMBER OF MEMBERS: REGULAR _____ ACTIVE LIFE TIME: _____

IN ACTIVE LIFE TIME _____ 11/03/11