



Application for Membership in

# MICHIGAN COURT OFFICER, DEPUTY SHERIFF AND PROCESS SERVERS ASSOCIATION

3105 S. Martin Luther King, Blvd. - Lansing, Michigan 48910

(800) 99-CIVIL

PLEASE PRINT OR USE TYPEWRITER

## QUESTIONS TO BE ANSWERED BY APPLICANT

IMPORTANT! Applicant's name, complete address including P.O. Box, rural route, street address, correct post office and Zip No. should be given. Your home address will be used as mailing address unless otherwise specified.

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

2. State the place and date of your birth. Answer: Born in City of \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ in year \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  M  F

**CURRENT POSITION:** (check below)

REFERRED BY: \_\_\_\_\_

COURT OFFICER **CREDENTIALS REQUIRED** Court No. \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

DEPUTY SHERIFF **CREDENTIALS REQUIRED** County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

PROCESS SERVER

PRIVATE DETECTIVE **CREDENTIALS REQUIRED** License No. \_\_\_\_\_

If Court Officer or Deputy, are you  Full Time  Part Time  Elected

Appointed, When \_\_\_\_\_

**REFERENCES:** Give at least three (3) BUSINESS references, not related to you.

Name	Address	Business	Phone
------	---------	----------	-------


Are you currently, or have you ever in the past, worked as a court officer or process server for any law firm or process serving entity. If so, please explain:

**FORMER EMPLOYERS:** (List below last two employers, starting with most recent first.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				

Any Criminal Convictions?  Felony  Misdemeanor

Explain: \_\_\_\_\_

I, the undersigned, understand that I must submit the full amount of Two-Hundred dollars, (\$200.00), as the Membership Dues with the completed application. NO APPLICATION WILL BE PROCESSED WITHOUT THE \$200.00 FEE!! If I am accepted as a member of M.C.O.D.S.A. If I am rejected for membership, the \$200.00 MEMBERSHIP FEE IS REFUNDABLE! I further agree to conduct myself and my business practices in an ethical manner and to abide by the By-Laws of the organization. Also, it is my complete understanding that any misrepresentation and/or omission of requested information, and/or unethical or immoral conduct could result in termination of my membership, following a review and/or formal hearing of and by the Grievance Committee. I HEREBY AUTHORIZE M.C.O.D.S.A. to investigate any and all statements contained herein, as well as any other records regarding my background, (i.e.) driving, credit, or criminal, as may be deemed pertinent to my membership in M.C.O.D.S.A.

I herewith enclose the \$200.00 Membership Dues by:  Check No. \_\_\_\_\_  Money Order

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**DO NOT WRITE BELOW THIS LINE**

APPLICATION READ BEFORE THE BOARD: \_\_\_\_\_, 20\_\_\_\_

BOARD MEMBERS PRESENT: \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPLICATION FEE ATTACHED:  YES  NO

APPROVED:  REJECTED:  DATE: \_\_\_\_\_, 20\_\_\_\_

PRESIDENT: \_\_\_\_\_ SECRETARY: \_\_\_\_\_