



# Massachusetts Constables Association, Inc.

Established in 1934

## Application For Membership

Note: A check for \$175.00 must be submitted with this application (\$150.00 annual dues plus \$25.00 non-refundable application fee). Annual dues will be refunded if your application is not accepted.

Your Application must include the following:

- Check for \$175.00
- Copy of appointment/election papers, for each city/town
- Copy of a Bond, for \$5,000.00 (Five Thousand Dollars), for each city/town
- Letter of resignation from any other Massachusetts Constables Association, if applicable
- You are required to attend one meeting, prior to the Association voting on your membership

**Please Print Legibly**

Applicant Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Primary

Residence

Fax

Cell

Other Phone

E-Mail Address

Web Address

City/Town that I am a Constable please list all and indicate elected or appointed:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Time:  Part Time:  Justice of Peace:  Notary Public:

Will You Handle, (Where Authorized), All Kinds of Process? Yes:  No:

If No, Please Explain:

Every member is expected to cooperate with other members in providing and seeking service to other areas.

**I AGREE TO ABIDE BY THE Massachusetts Constables Association, Inc. BY-LAWS AND CODE OF ETHICS AND TO ALL AMENDMENTS THERETO.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of MCA recommending member: \_\_\_\_\_

For Office Use Only:

Date received: \_\_\_\_\_ Date published: \_\_\_\_\_ Date accepted: \_\_\_\_\_