



ALABAMA ASSOCIATION MUNICIPAL ATTORNEYS

MEMBERSHIP APPLICATION

January 1st - December 31st • Membership Must Be Renewed Annually

Date: _____ Name: _____

Position (Check all that apply) : ☐ Attorney ☐ Judge ☐ Prosecutor

Contact Information:

Address: _____

City: _____ State: _____ Zip: _____

Work Telephone#: _____ Cellular#: _____

Email Address: _____

(If you have more than one email address, list the one most often used)

Municipality(ies) Represented: List all municipalities that you currently represent in one or all three positions.

As Attorney: _____

As Judge: _____

As Prosecutor: _____

An added benefit of your AAMA membership is discounted access to **League Law**, the online legal research system developed by the Alabama League of Municipalities. AAMA Members can subscribe to **League Law for \$75.00**. This database will allow you to search selected summaries of Alabama and Federal cases affecting municipalities as well as summaries of Alabama Attorney General's opinions and Ethics Commission opinions. With ALM's subscription-based **League Law**, you simply type the word, phrase or topic you're seeking and all references will appear on your screen.

Amount Due for Annual AAMA Membership: **\$100.00**

Amount Due for ALM League Law: **\$75.00**

Total Amount Due:

\$ _____

Payment Method: ☐ Check

(Payment by credit card is not available using this form. For information about paying for an AAMA Membership with a credit card, contact the Legal department (334) 262-2566.)

Mail or Fax this completed form to:

AAMA Membership Registration, Alabama League of Municipalities, P.O. Box 1270, Montgomery, AL 36102

Secure Fax: (334) 386-5180 If you have questions, contact the Legal department at **334-262-2566**

Please make checks payable to the **Alabama Municipal Attorneys Association** and submit along with registration.

EMAIL SUBMISSION OF THIS FORM WILL NOT BE ACCEPTED. Email submission of forms containing Personally Identifying Information (PII) does not meet the League's standards for security.

For Office Use Only

Date Received: _____ Amount Paid: _____ Check #: _____ Notes: _____