



*Michigan*  
*Sheriff's Mounted*  
*Association*

# Application County Membership

County Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sheriff's Name: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Under Sheriff: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

1st Address

2nd Address

City

State

Zip

1st Officer:

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

Rank: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

1st Address

Phone #: ( ) \_\_\_\_\_

2nd Address

Cell #: ( ) \_\_\_\_\_

City

State

Zip

2nd Officer:

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

Rank: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

1st Address

Phone #: ( ) \_\_\_\_\_

2nd Address

Cell #: ( ) \_\_\_\_\_

City

State

Zip

Secretary:

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

Rank: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

1st Address

Phone #: ( ) \_\_\_\_\_

2nd Address

Cell #: ( ) \_\_\_\_\_

City

State

Zip

County Representative:

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

Rank: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

1st Address

Phone #: ( ) \_\_\_\_\_

2nd Address

Cell #: ( ) \_\_\_\_\_

City

State

Zip

Number of Members:      Regular \_\_\_\_\_      Active Life Time \_\_\_\_\_      In Active Life Time \_\_\_\_\_