



*Michigan
Sheriff's Mounted
Association*

Application for Life Membership

Name: _____
 First M Last

Date: _____

Address: _____
 1st

 2nd

 City MI Zip
 State

County: _____

County
Address: _____
 1st

 2nd

 City MI Zip
 State

Year applicant joined county: _____ Year County joined MSMA _____

Has applicant maintained continuous membership within unit? YES NO

If No, designated year's membership lapsed. _____

Membership within other MSMA county? YES NO County _____ Years _____

Positions held in County Unit. _____

Positions held in MSMA. _____

Number of times applicant participated: Spring Shoot _____
Pony Express _____
Fall Campout _____

Other pertinent information or achievements within the County Level: _____

State Level: _____

Submitted by: _____ Rank _____ Date _____

Received by: _____ Rank _____ Date _____

Referred To: _____ Rank _____ Date _____

Action Taken: _____ Date _____

PLEASE ATTACH DATED PHOTOGRAPH