

THE OHIO MUNICIPAL ATTORNEYS ASSOCIATION

175 South Third Street, Suite 510, Columbus, Ohio 43215-7100
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FORM A: E-MAIL CONSENT FORM

1. Please complete the following:

- a. Do you and your staff consent to receive **e-mail communications*** from the Ohio Municipal Attorneys Association (the "OMAA")?
(We recommend this for more immediate information.)

(Check one) Yes _____ No _____

*Communications include: The OMAA Newsletter, notices of CLE meeting dates and program content, as well as advance registration forms, and other information.

- b. If your municipality is a member of the OMAA and you check "No" above, you and your staff will receive paper announcements of the items mentioned above.

2. Do you wish to receive communications from the Ohio Municipal League via e-mail?

(Check one) Yes _____ No _____

3. Please provide the following information:

LAW DIRECTOR/SOLICITOR

Name (Print or type)

Office or Position

Municipality Represented

City, State, Zip Code

Supreme Court I.D. Number

E-Mail: _____

Phone: _____

PROSECUTOR

Name (Print or type)

Office or Position

Municipality Represented

City, State, Zip Code

Supreme Court I.D. Number

E-Mail: _____

Phone: _____

Signature: _____

Name & Position _____