

**MUNICIPAL ATTORNEYS
ASSOCIATION OF KENTUCKY**
dba
MAAK CORPORATION

2025 MEMBERSHIP APPLICATION

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Date: _____

Annual Membership Fee: \$100.00

Please enroll me as a voting member of the Municipal Attorneys Association of Kentucky (MAAK) for 2025. A check for the annual membership fee of \$100.00 payable to MAAK will be mailed or brought to the MAAK CLE.

(Signature)

Mail To: Kandice Engle-Gray
MAAK Treasurer
P.O. Box 807
Lebanon, KY 40033-0807