

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

2026 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 2026. 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**