



Michigan Association of OWI Attorneys Membership Application

1. Name _____
P Number _____
Firm Name _____
Business Address _____
City/State/Zip _____
Telephone _____ Facsimile _____
E-mail Address _____
Website _____

2. How many years have you been practicing law? _____
3. How much of your practice is made up of criminal defense? _____
4. How much of your practice is made up of OWI (operating while intoxicated) or OWPD (operating with presence of drugs)? _____
5. How many OWI/OWPD trials have you held? _____
6. How many of those were jury trials? _____
7. Are you currently eligible and in good standing to practice law in Michigan?
Yes _____ No _____ If "no", please explain: _____

8. Has your license to practice law in Michigan ever been suspended for any period of time or been placed on probationary status for any period of time?
Yes _____ No _____ If "yes", please explain: _____

Annual Membership Dues

_____ \$365.00

Please indicate your method of payment by checking one of the options below:

Check

Money order

Credit card

If paying by credit card, please email our Executive Director, Jennifer Hinze at jenn.miaowia@gmail.com to obtain an invoice to pay online.

By signing this membership application below, I am certifying the above information is accurate, truthful and complete.

Signature _____ **Date** _____

Once completed, please return with membership dues to:

Jennifer Hinze

Executive Director
Michigan Association of OWI Attorneys
jenn.miaowia@gmail.com
1207 Turner Street
Lansing, MI 48906
(517) 432-9000
(517) 203-4448 – fax