



**MT Coroner's Association Annual Dues Form 2024**

**Member: County Coroner -\$200.00**

Name \_\_\_\_\_ County \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
FAX \_\_\_\_\_ Email \_\_\_\_\_

**Associate Members: Deputy Coroners \$35.00 each**

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**Dues Form:            Send or Email to:**

Montana Coroner's Association  
200 W. Broadway St.  
Missoula MT 59802  
[406coroners@gmail.com](mailto:406coroners@gmail.com)

**Payment options:**

**Checks:** Payable to

Montana Coroners' Association  
200W. Broadway St  
Missoula MT 59802

**Credit Card Payment: NEW**

Add 3.30% plus .10 cent manual entry fee (phone-call in)

Add 2.30% plus .10 cent convenience fee (card swipe at Convention)

**Call:** 406-531-0355

If your county requires a claim, please e-mail; [406coroners@gmail.com](mailto:406coroners@gmail.com)

**Questions Call:** 406-531-0355

**Note:**

We are trying to keep our Coroner Directory / Contact List current, please provide current e-mail and phone number for all Associate Members.

Please copy page 2 of this form for additional associate members