



2016-2017 Membership Application

Circle one type of membership:

Attorney
\$50

Non-Attorney
\$30

Name: _____
(last) (first) (middle)

Bar Card Number (if applicable): _____

Telephone Number: () _____

Office Address: _____

Email: _____

Area of Practice: _____

Would you like your information shared on our website? Yes No

Are you willing to assist in pro bono work? Yes No

Are you willing to assist in Association leadership? Yes No
If you have something in mind, please share: _____

Signature

Date

