



## 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

