

BBA MEMBERSHIP APPLICATION

APPLICANT INFORMATION (PLEASE PRINT)

Name:		Title:
Birth day: (month/day)	Cell:	Home Phone:
Current mailing address:		
City:	State:	ZIP Code:

EMPLOYMENT INFORMATION

Current Employer/Firm:		
Business address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Website:		

(Circle One) Please send all BBA Mailings to my Home or Business Address

EMERGENCY CONTACT

Name of a relative to contact if emergency occurs at BBA event:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

LAW SCHOOL INFORMATION

What Law School did you attend?		
Year Graduated:	Year admitted to practice:	Honors/Awards:

PRACTICE AREAS

1.	3.	5.
2.	4.	6.

Do you want to participate in the lawyer referral program? Y / N List other states admitted to practice:

DUES

Judges: \$100	New Attorneys Less than 5 years of practice: \$35
Attorneys: \$50	Student: Free

SIGNATURE

I authorize the verification of the information provided on this form. I have received a copy of this application. I acknowledge that membership dues must be paid annually in order to maintain good standing with the Black Bar Association of Will County.

Signature of applicant:	Date:
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Mail a copy of this form and check or money order for applicable dues:

Black Bar Association of Will County

P.O. Box 1146 Joliet, IL 60434

Questions/Fax: 815-333-3200