

## **MEMBERSHIP APPLICATION**

Name:	Date:			
☐ <b>I am a NEW member</b> . Please f	ill out the form completely.			
Position/Title:	Employer:	. Please update your information, as appropriate Employer:		
Home Address:		Work Address:		
Home Phone:	Work Phone:	Work Phone:E-mail:		
<ul> <li>In the APABA-DC Membership</li> </ul>	ated communications to my (che Directory, please publish (check	cone):		
☐ All Information ☐ Home	e Information Only	mation Only $\square$ No	Information	
EDUCATION • BAR • ADMISSION Undergraduate: Law School: Bar(s) Admitted and Year: Practice Areas:	Year Graduate Year Graduate Yr Yr_	d: Degre	ee:ee: Yr	
Practice Type: ☐ Firm ☐ Federal G			cademic	
☐ Corporate/In-House Counsel ☐ J	udicial □ Solo □ Law Student	☐ Other (specify):_		
PROGRAMS • COMMITTEES I am interested in the following APAE	• •		<b>'</b> ):	
☐ Website/Email Communications	□ Community Affairs	□ Education		
☐ Practicing Attorneys' Resources (P	·	· ·		
☐ Government Attorneys Forum	☐ Awards Committee	□ Nominations Committee		
☐ In-House Counsel Committee	□ Women's Forum	□ Newsletter		
☐ Partners & Senior Counsel Commit	tee □ Small & Solo Firms Comm	ttee □ Working Pare	nts' Group	
<u>A</u>	NNUAL MEMBERSHIP DUES			
Your dues include membership in the (NAPABA), a 501(c)(6) nonprofit org			TION	
<ul> <li>Private Firm/Corporate Counsel:</li> <li>Government/Public Interest/Judicial/Academic/Solo Practitioner/All Others:</li> <li>Law Students/L.L.M. Students (non-voting status):</li> <li>Voluntary contribution to APABA-DC:</li> </ul>			\$55.00 \$40.00 \$20.00 \$	
	TOTAL PAY	MENT ENCLOSED	\$	

Thank you for your support!

Please return this completed form to our address below with your check payable to "APABA-DC" and Attention: TREASURER