



Allen County Indiana Bar Association, Inc.  
924 South Calhoun Street ♦Fort Wayne, IN 46802  
Tel: (260)423-2359 ♦Fax: (260)423-1440  
Email: acba@allencountybar.org

**October 1, 2009-September 30, 2010**

**APPLICATION FOR NEW MEMBERSHIP - LAW STUDENTS**

Name  Mr.  Mrs.  Ms. \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Law School \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

I fully understand that if elected to membership in the Allen County Indiana Bar Association, I agree to comply with and be subject to the Constitution, Bylaws, rules, regulations and decisions of the Allen County Indiana Bar Association.

\_\_\_\_\_  
Date of Application Signature

**MEMBERSHIP DUES**.....\$ 30

**SECTIONS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Alternate Dispute Resolution   | <input type="checkbox"/> Appellate            |
| <input type="checkbox"/> Bankruptcy & Creditors' Rights | <input type="checkbox"/> Business & Corporate |
| <input type="checkbox"/> Criminal Defense Lawyers       | <input type="checkbox"/> Family Law           |
| <input type="checkbox"/> Labor & Employment Law         | <input type="checkbox"/> New Lawyers Section  |
| <input type="checkbox"/> Probate, Trust & Tax           | <input type="checkbox"/> Real Property        |
| <input type="checkbox"/> Social Security                | <input type="checkbox"/> Trial Lawyers        |
| <input type="checkbox"/> Women Lawyers                  |   |

**TO PAY BY CREDIT CARD:**

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Auth. Code \_\_\_\_\_

Expir. Date \_\_\_\_\_ Amount Charged \_\_\_\_\_

Signature \_\_\_\_\_

*Please send completed application along with payment for membership to the Allen County Bar Association, 924 South Calhoun Street, Fort Wayne, IN 46802 OR Courthouse Box 37 OR fax to (260)423-1440.*