



October 1st - September 30th

APPLICATION FOR MEMBERSHIP

___ Mr. ___ Mrs. ___ Ms ___ The Hon. _____

Firm/Business Name _____

___ Judicial Officer ___ Managing Partner ___ Partner ___ Associate ___ Solo ___ Corporate ___ Affiliate

Office Address: Street _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____ Fax _____

Email _____ Website _____ Courthouse Box _____

Birth Date _____ Attorney Number _____ Date admitted to practice in any state _____

Education:

School _____ Year _____

Law School _____ Year _____

I am authorized to practice law in the following state/s:

State _____ Year _____ State _____ Year _____

Have you ever been disbarred or disciplined in any state or are you the subject of disciplinary action now?

Yes _____ No _____

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.

Signature _____ Date _____

- I am interested in learning more about the Lawyer Referral Service
- I am interested in participating in Legal Line (providing legal advice via phone - Tuesdays 5-7 pm)
- I would like to have a mentor
- I would like to be a mentor

MEMBERSHIP DUES

NEWLY ADMITTED	FREE
2 - 3 YEARS IN PRACTICE	\$140
4 + YEARS IN PRACTICE	\$230
FULL-TIME GOVERNMENT/NON - PROFIT	\$125
RETIRED/INACTIVE	\$ 90
LAW STUDENT	\$ 35
AFFILIATE (Legal Asst., Paralegal, Court/Law Firm Administrator)	\$ 95

SECTION DUES

_____	Alternate Dispute Resolution	\$ 20
_____	Appellate Law	\$ 15
_____	Bankruptcy & Creditors' Rights	\$ 20
_____	Business & Corporate	\$ 15
_____	Civil Litigation	\$ 20
_____	Collections	\$ 10
_____	Corporate Counsel	\$20
_____	Criminal Defense Lawyers	\$ 20
_____	Family Law	\$ 30
_____	Labor & Employment	\$ 15
_____	New Lawyers <small>(36 years of age or younger & 6 years or less in practice)</small>	\$ 20
_____	Probate, Trust & Tax	\$ 15
_____	Real Property	\$ 10
_____	Social Security	\$ 15
_____	Solo/Small Firm	\$ 15
_____	Women Lawyers	\$ 20

COMMITTEE SELECTION

_____	Bench Bar Committee
_____	CLE Committee
_____	Fee Dispute Committee
_____	Grievance Committee
_____	Legal Forms Committee
_____	Public Relations Committee
_____	Social Committee

CONTRIBUTION TO THE ALLEN COUNTY BAR FOUNDATION:

TOTAL FEES:

CREDIT CARD PAYMENT:

Cardholder Name _____ Credit Card _____

Circle One: Visa/DISCOVER/MASTERCARD/AMERICA EXPRESS Total _____ Expire Date _____

Billing Address _____ Signature _____

*Please send application and payment to the Allen County Bar Association;
924 South Calhoun Street, Fort Wayne, IN 46802 OR Courthouse Box #37 OR fax to (260) 423-1440
Membership dues are not tax deductible as charitable but may be deductible as a business expense.
Donations to the Allen County Bar Foundation are deductible as charitable contributions.*