



MEMBERSHIP REGISTRATION FORM

Annual Dues (Fiscal Year begins January 1): Enclosed is my payment of:

- ___ Attorney Member – Firm, Solo Practitioners (admitted to practice more than 5 years), and other attorneys not in government/public service or the non-profit sectors - \$125/ year
- ___ Attorney Member – Government/ Public Service, Non-Profit, Solo Practitioners (admitted less than 5 years) - \$75/ year
- ___ Attorney Member – Judicial - \$50/ year
- ___ First-Year Attorney Member – Free
- ___ Student Member – Free
- ___ Associate Member (non-attorneys) - \$125/ year
- ___ Lifetime Membership - \$1,000 (one-time fee)

Name: _____

Employer/Firm: _____

Bar No.: _____ State(s): _____ Year(s) Admitted: _____

Law school and graduation year: _____

Practice Area(s): _____

Street Address: _____

City/State/Zip: _____

Telephone No.: _____ Cell Phone No.: _____

Email address: _____

Interested in the Mentorship Program? [] Yes [] No

If yes: [] *Serving* as Mentor [] *Receiving* a Mentor

Method of Payment:

[] Check made payable to *Indiana Latino Bar Association, Corp.* Check No.: _____

[] Mastercard [] VISA Credit Card No.: _____

Name on Credit Card: _____

Billing Address (if different from above): _____

Expiration: _____ Verification Code: _____ Signature: _____

Mail form to: ILBA, 418 West Jefferson Street, South Bend, IN 46601