

MEMBERSHIP FORM

NAME:		TITLE:				
FIRM NAME:		EMAIL:				
FIRM PHONE NUMBER:		CELL PHONE NUMBER:				
FIRM ADDRESS:		HOME ADDRESS:				
Please send all LBAWC mailings to: firm address home address email						
WHAT LAW SCHOOL DID YOU ATTEND?		YEAR OF GRADUATION?				
		YEAR ADMITTED TO PRACTICE?				
ADMITTED IN ANY OTHER STATES? IF SO, PLEASE INDICATE WHERE AND WHEN.						
UNDERGRADUATE SCHOOL ATTENDED:		YEAR OF GRADUATION?				
ARE YOU A MEMBER OF ANY OTHER ORGANIZATIONS? IF SO, PLEASE INDICATE, WHICH ONES						
AND SINCE WHEN.						
ARE THERE ANY PUBLICATIONS, AWARDS, OR HONORS THAT YOU HAVE OBTAINED? IF SO, PLEASE LIST THEM.						
WHAT ARE YOUR PRACTICE AREAS?						
	Annual Dues	Checks should be made payable and sent to:				
Bar fees are as follows:						
Law students:	Free	Latino Bar Association of Will County P.O. Box 550				
Less than 5 years of practice:		Joliet, IL 60404-0550				
More than 5 years of practice		Any questions regarding this membership				
Members of the Judiciary	\$100	form may be directed to Mary Helen Reyna at (630) 759-0101.				