

MEMBERSHIP APPLICATION			
APPLICANT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Firm/Employer:		Email Address:	
Current address:			
City:	State:	ZIP Code:	Telephone:
Florida Bar No.	Website:		
PRACTICE AREAS			
STATES AND YEARS ADMITTED TO PRACTICE LAW			
EDUCATION			
Law School and Year where Juris Doctorate received or expected:			
Law School and Year where LLM or other advanced degree expected:			
DUES PAYMENT INFORMATION			
Annual Membership: \$125.00 (Attorneys and Community Partners)			
Student Membership: \$45.00			
Judiciary Membership: \$25.00			
Pre-Payment Option: (Membership and 1 seat at all 2019 CLE Luncheons): \$450.00			
Membership Type:			
Payment (Please circle one): Cash Credit Card Check (No. _____)			
I HEREBY AUTHORIZE THE AMOUNT OF \$ _____ TO BE APPLIED TO THE FOLLOWING CREDIT CARD:			
Credit Card No.:		Exp. Date:	CID:
Receipt and confirmation will be sent to email address listed above.			
Signature of applicant:		Date:	