## MOBILE BAR ASSOCIATION

## MEMBERSHIP APPLICATION

251/433-9790

TY

YPE OF MEMBERSHI
Active Active
Associate
Sustaining
Honorary
Retired

photo (any size)

## INSTRUCTIONS

Please complete this application and return it with a current photograph and copy of current license to practice
law to: Mobile Bar Association, P.O. Drawer 2005 Mobile, Alabama 36652; hand deliver to 153 Government
Street; fax 251/433-9973. The Bar Association has a "Bar Buddy" program to help new members get acclimated
socially and professionally on an informal level. If you participate, a bar member will regularly touch base with you
and be available for advice. Would you like to participate? Yes No

N	Vame						
I	Last Home Address	First	Middle		Name called by		
	Alabama State Bar I.D. NO		City	State	Zip	Phone	
D	Date of Birth	Name of S	pouse				
T	The States in which you have been admitted to the bar and year of admission.						
S	tate	Year	State			Year	
N	Names and locations of law schools attended, law degrees conferred upon you, and the year of the degree.						
S	chool	Year	Degree				
S	chool	Year	Degree				
A	are you actively engaged in th	ne general, private practice o	of law?No	_Yes If so	, for how	long?	
F	ïrm						
N	Mailing Address						
	•						
	hysical Address		City	State	Zip		
P	hysical Address		City		State	Zip	
P.		Fax	City CityE-n	nail	State	Zip	
P T If	Telephonef you are not engaged in the g	FaxFaxFaxFaxFaxFax	City City E-n aw, please state the	nail	State	Zip	
P T Iff v P	Telephonef you are not engaged in the gocation.	FaxFaxFaxFaxFaxFax	City City E-n aw, please state the	nailnature of yo	State ur emplo	Zip	
P Iff v P E	Felephone  f you are not engaged in the goation.  Position	Faxeneral, private practice of l	City City E-n aw, please state the	nature of yo	State ur emplo	Zip	
P T Iff v P E	Felephone  f you are not engaged in the gocation.  Position  Employer or Business	Faxeneral, private practice of l	City  City E-n aw, please state the	nailnature of yo	State ur emplo	Zip	
P If V P E M T H ac (I)	f you are not engaged in the gocation.  Position  Employer or Business  Mailing Address  Felephone  Ias your license to Practice laction by any Bar Association.  If yes, please give full details and att	FaxFaxFaxFax	City  City  E-n  aw, please state the  City  E-ived or revoked, have a greated from practicing by	State mail e you receive efore any co	Zip ed any dispourt?	oyment or sciplinary NoYes	
P If V P E M T H ac (I)	Felephone  f you are not engaged in the gocation.  Position  Employer or Business  Mailing Address  Felephone  Itas your license to Practice laction by any Bar Association.	FaxFaxFaxFax	City  City  E-n  aw, please state the  City  E-ived or revoked, have a greated from practicing by	State mail e you receive efore any co	Zip ed any dispourt?	zip  byment or  sciplinary NoYes	