

JCBA MEMBERSHIP APPLICATION

(Please complete and return with your payment)

Name: _____

Firm/Company/Employer: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Office Phone: _____ Fax: _____

E-mail Address:* _____

Admission to the Bar [list state(s) and year(s)]: _____

ANNUAL DUES

Regular Membership \$50.00

Make Checks Payable to JCBA.
Mail to JCBA, P.O. Box 410184
Kansas City, Missouri 64141-0184, **OR**
pay online via credit card by visiting
www.jacksoncountybar.com

Student Membership Free

Law School: _____ 1L 2L 3L (circle one)

PLEASE SELECT UP TO 2 COMMITTEES ON WHICH YOU WOULD LIKE TO SERVE:

- Constitution/Bylaws
- Education/Scholarship
- Social/Membership
- Legislative
- Judicial
- Public Relations
- Business & Professional Development

PLEASE SELECT YOUR TWO PRIMARY AREAS OF PRACTICE:

- Bankruptcy
- Civil Rights/Discrimination
- Commercial Finance/Transactional
- Commercial Litigation
- Corporate
- Criminal Defense
- Criminal Prosecution
- Domestic/Family
- Education
- Employment/Labor
- Environmental
- Estate Planning
- General Practice
- Governmental/Regulatory
- Insurance Defense
- Intellectual Property
- Judicial/Law Clerk
- Law School Admin./Prof.
- Municipal Court
- Probate
- Real Estate
- Small Business
- Social Security/Disability
- Taxation
- Torts/Personal Injury
- Workers' Compensation
- Other _____

Signature

Date

* E-mail is our primary means of communication. Please list here the e-mail address at which you wish to receive all JCBA Info.