

# 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 \$75.00

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](http://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.