

SOUTHWEST BAR ASSOCIATION

P.O. Box 141

Palos Heights, Illinois 60463

(708) 371-4930

www.southwestbar.org

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____

This year we are requiring new and renewing members to fill out the entire form so that our master rolls can be updated. Please fill out the entire form and return with your dues. Thank you for your cooperation.

Law Office Address: _____

Office Phone: _____ Fax: _____

Email: _____ ARDC Number: _____

Areas of Practice you want listed on our free "Find a Lawyer" Referral Section on the Website: _____

Bar Admission to Illinois: _____ Federal: _____ Other: _____

Date admitted to Illinois Bar: _____

Are you a member of the federal trial bar? _____

Bar Association Membership(s): American ____ Chicago ____ Illinois State ____ Other _____

Law School and year of graduation: _____

Are you willing to participate in the Fifth Municipal District Pro Bono Program: (Service is mandatory for lawyers who participate in the Bar Attorney Program). Yes _____ No _____

Annual Membership Dues for the year are due by January 15th

Fees: First year and Government attorneys = \$80.00

All Others = \$160.00

Make your check payable to "Southwest Bar Association" and mail to the address at the top.