

WSBA MEMBERSHIP APPLICATION



2014 DUES REQUEST FORM

Please complete the following dues form and return with your check to:

West Suburban Bar Association
10560 West Cermak Road, Westchester, Illinois 60154
or pay on-line at www.westsuburbanbar.org

Name: _____
Last First Middle

Employer: _____
Firm name/business/corporation/government agency

Business Address: _____
Number Street Apt./Suite
City State Zip

Business Phone: (____) _____ - _____ **Business Fax:** (____) _____ - _____

Home Address: _____
Number Street Apt./Suite
City State Zip

Home Phone: (____) _____ - _____ **Home Fax:** (____) _____ - _____

Please list your e-mail and/or Website address:

E-Mail Address: _____ **Website:** _____

Where would you like your correspondence sent to? Work _____ Home _____

Year Admitted to Bar _____ Illinois ARDC Number _____

Earliest date admitted in any state _____ States/countries licensed in _____

Please check any committees you are interested in:

- ___ CLE Committee
- ___ Law Day Committee
- ___ Judges Night Committee
- ___ Membership Committee
- ___ Newsletter Committee
- ___ Installation Committee
- ___ Golf Outing
- ___ Holiday Party Committee
- ___ Pro Bono/Pro Se Committee
- ___ Past President Committee
- ___ In Court Committee

2014 WSBA Dues

Check one:

_____ **Attorneys: \$150.00**

_____ **Judges/Govt. Employees/70+ years: \$90.00**

_____ **Student: Free for the 1st year**

*Can be renewed at no cost if the student participates in WSBA Events.

Please list your graduation date and law school below:

Law School: _____ **Graduation Date:** _____

I have enclosed a TOTAL of \$ _____

Check Enclosed _____

Paypal _____

Credit Card Number Below _____

Please make your dues check payable to: *West Suburban Bar Association*

"By submitting this application I agree to abide by the by-laws of the West Suburban Bar Association during my membership and attest that I am currently a licensed attorney / judge / retired judge in Illinois or in another jurisdiction; or, am currently enrolled at or recently graduated from an ABA accredited law school."

Signature

Date

Areas of Practice (to be listed on the "Find A Lawyer" section of the website)

_____ **1. Administrative/Govt.**

_____ **2. Anti-Trust**

_____ **3. Arbitration/Mediation**

_____ **4. Bankruptcy**

_____ **5. Collection**

_____ **6. Copyright/Patent**

_____ **7. Corporate/Commercial**

_____ **8. Criminal Defense**

_____ **9. Domestic Relations**

_____ **10. Employment Benefits**

_____ **11. Environmental**

_____ **12. Immigration**

_____ **13. Labor/Employment**

_____ **14. Municipal / Schools**

_____ **15. Personal Injury**

_____ **16. Real Estate**

_____ **17. Securities Law**

_____ **18. Social Security Disability**

_____ **19. Tax**

_____ **20. Wills/Trusts/Probate**

_____ **21. Worker's Compensation**

"I certify that I have Malpractice Insurance coverage in effect."

"I agree to indemnify the WSBA against any claims against me from clients finding me through the WSBA website Find a Lawyer program."

Signature

Date