

Mr.  Mrs.  Ms.  The Hon. *Optional:*  Male  Female Email \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Call Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Atty. No. \_\_\_\_\_

Firm/Business Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Website \_\_\_\_\_ Office County \_\_\_\_\_

Yes, include my contact information in the IndyBar Directory.  No, do not include my contact information.

Areas of Practice \_\_\_\_\_

Law School Attended \_\_\_\_\_ Year Graduated Law School \_\_\_\_\_

Year(s) and State(s) Admitted to Practice \_\_\_\_\_

Foreign Languages \_\_\_\_\_

Other Professional Organizations \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Optional:  African American  Asian American  Caucasian  Hispanic  Other

Would you like to receive information on the Indianapolis Bar Foundation  Yes  No

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**Please check one of the following categories:**

*Standard Member*

- For the calendar year first admitted to the bar of any state, territory or district of the United States, or if this admission occurs after October 1, then for the first calendar year thereafter ..... FREE
- For the 2nd, 3rd and 4th calendar years thereafter..... \$95
- For the 5th, 6th and 7th calendar years thereafter..... \$125
- For the 8th and 9th calendar year thereafter ..... \$195
- For the 10th and each subsequent calendar year thereafter ..... \$275

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- Indy Attorneys Network - get matched with new contacts each month ..... \$25
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- Send me information on subscribing to Practice Builder, the IndyBar's law practice management service
- Send me information on Mentor Connect, the IndyBar's **FREE** mentoring program.

Section/Division Membership ..... \$\_\_\_\_\_

**GRAND TOTAL** ..... \$\_\_\_\_\_

**PAYMENT INFORMATION**

**Please return this statement with remittance.**

Indianapolis Bar Association, 140 N. Illinois St., Indianapolis, IN 46204.

**Checks payable to:** Indianapolis Bar Association

**Charge to:**  MasterCard  VISA  AmEx  Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

I hereby apply for membership in the Indianapolis Bar Association. In the event I am admitted to membership in the Association, I agree to abide by its Articles and Bylaws.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**Please contact the IndyBar with any membership questions.**  
317.269.2000 | iba@indybar.org | www.indybar.org