

Mr. Mrs. Ms. Optional: Male Female Email _____

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

Areas of 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 complete the form below:

Institution Granting Paralegal Certification (if applicable) _____

Date of Certification _____

I am a paralegal (or any equivalent term) and perform paralegal duties at least seventy percent (70%) of the time as evidenced by an affidavit signed by the employing attorney or a representative of the employing entity.

I hereby apply for enrollment with the Indianapolis Bar Association as a Paralegal Associate Member, and in the event of admission, I agree to abide by your Articles and Bylaws as they apply to Paralegal Associate Members.

Date _____ Applicant Signature _____

I, the undersigned, am the employing attorney or a representative of the employing entity and I verify that the applicant is a paralegal (or any equivalent term) who performs paralegal duties seventy percent (70%) of the time.

Date _____ Administrative Signature _____

Printed Name _____

MEMBERSHIP TOTAL

Paralegal Membership\$60
A portion of your dues includes a monthly subscription to The Indiana Lawyer.

Indy Attorneys Network - get matched with new contacts each month.\$25

Section Membership Total (from page 1)..... \$

GRAND TOTAL..... \$

PAYMENT INFORMATION

Please return this statement with remittance.

Indianapolis Bar Association, 135 N. Pennsylvania St., Suite 1500, Indianapolis, IN 46204.

Checks payable to: Indianapolis Bar Association

Charge to: MasterCard VISA AmEx Discover

Card No. _____ Exp. Date _____

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Please contact the IndyBar with any membership questions.
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