

HENDRICKS COUNTY BAR ASSOCIATION
APPLICATION FOR MEMBERSHIP

Please complete this application and return it to the Hendricks County Bar Association Treasurer, along with a check for \$40 for the current dues. You will be notified prior to the meeting when your application will be put before the membership for a vote if a denial is going to be recommended. Otherwise, you will be notified after the vote.

(Please TYPE or PRINT)

Name _____

Phone-Home _____ Office _____

Email Address _____

Home Address _____

Office Address _____

Date of Admission to Practice Law _____ Attorney No. _____

Check the Courts in which you are admitted to practice law:

US Supreme Court _____ Indiana Supreme Court _____

Northern District Indiana _____ Southern District Indiana _____

Others _____

EDUCATIONAL BACKGROUND:

School	Date of Graduation	Degree	Honors
High School _____			
Undergraduate _____			
Law School _____			
Other _____			

Date of Birth _____ Place of Birth _____

Marital status _____ Name of Spouse _____

Children(Name and age) _____

Community Activities _____

Membership in other civic or professional organization and any positions held:

Have you ever been disbarred from the practice of law in any court or jurisdiction or been the subject of any other disciplinary committee action? YES ___ NO ___ Have you ever been expelled or suspended from any educational institution or organization? YES ___ NO ___ Have you ever been charged or convicted of any crime? YES ___ NO ___

If you answered yes to any of the above questions, attach a detailed description explaining the facts and circumstances.

List two references other than relatives or office partners/associates who are knowledgeable as to your professional qualifications, moral character and reputation.

1. _____

2. _____

I affirm under penalties for perjury that the foregoing representations are true and have been completed without evasion or attempted deception this _____ day of _____, _____.

Signature of applicant

Date