



MEMBERSHIP APPLICATION

(Bar Year: January 1, 2016 – December 31, 2016)

Check if: ☐ New Member ☐ Renewal

Ms./Mrs./Mr.: _____

First

Middle

Last

Employer/Firm: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Preferred Email: _____ Home Phone: _____

Law School: _____

Your Area(s) of Emphasis (check all that are applicable): ☐ Criminal Law ☐ Family Law ☐ Taxation ☐ Probate ☐ Public Law ☐ Civil Rights ☐ Personal Injury ☐ Corporate/Business ☐ Employment

Other: _____

PLEASE SPECIFY MEMBERSHIP CATEGORY:

☐ New Lawyer: 0-5 years since admission to the State Bar of Michigan **(\$75)**

☐ Regular Member: Over 5 years since admission to the State Bar of Michigan **(\$100)**

☐ Law Student Member: **(\$10)**

I AM INTERESTED IN WORKING ON THE FOLLOWING COMMITTEE(S):

☐ Membership ☐ Education ☐ Public Relations

☐ Fundraising ☐ Scholarship

SIGNATURE: _____ Date: _____

PLEASE MAIL COMPLETED FORM AND PAYMENT TO:

Mallory, Vandyne, Scott Bar Association | P.O. Box 868 | Flint, MI 48501 | Attn: Membership Committee