

**EVANSVILLE BAR ASSOCIATION  
MEMBERSHIP APPLICATION – STUDENT ASSOCIATE**

NAME \_\_\_\_\_

LAW SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ P. O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

e-MAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EXPECTED GRADUATION DATE \_\_\_\_\_

**UNDERGRADUATE SCHOOL** \_\_\_\_\_

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

**GRADUATE SCHOOL** \_\_\_\_\_

MAJOR \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

**LAW SCHOOL** \_\_\_\_\_

DEGREE \_\_\_\_\_ YEAR \_\_\_\_\_

**LEGAL HONORS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am fluent in the following language(s): \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO: Evansville Bar Association, 401 SE Sixth Street, Suite 101 Evansville IN 47713, Fax: 812 426-0028 or e-mail to [eba@evvbar.org](mailto:eba@evvbar.org)