

**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, 123 N.W. Fourth St., Suite 18, Evansville IN 47708, Fax: 812 426-0028 or e-mail to cathy@evvbar.org