

2016 MADISON COUNTY BAR ASSOCIATION APPLICATION

Name: _____

Attorney No.: _____ Date admitted to Indiana: _____

Office/Law Firm _____

Address: _____

Office Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Area(s) of Practice (for referral purposes and web site) _____

Please check one of the following:

_____ Regular Member (Residence in Madison County, or practice located in Madison County) \$60 for one year membership (\$50 if paid by March 1, 2016) for 2016.

_____ Non-resident member (Neither resides nor practices in Madison County.) \$60 for one year membership (\$50 if paid by March 1, 2016) for 2016.

_____ Admitted to the Indiana Bar less than two (2) years – no dues

_____ Judges, Commissioners, Magistrates – no dues

Please make checks payable to the Madison County Bar Association and return to:

STEVEN C. SMITH
Courthouse Box 27
or
936 Meridian Plaza Street
Anderson, Indiana, 46016

***Even if dues are waived please be sure to submit this form to my office so we have your updated contact information and show you as an active member.**