

**APPLICATION FOR MEMBERSHIP IN THE
DECATUR BAR ASSOCIATION**

This application must be endorsed by three active members of this Association under the Endorsement section below.

Name of applicant: _____

Business address: _____

Presently employed by: _____

Home address: _____

Email: _____ Phone: _____

Date of admission to Illinois bar: _____ ARDC No. _____

Other states in which admitted: _____

Prelegal work taken at: _____

Graduated: _____ Degree: _____

Law School: _____

Graduated: _____ Degree: _____

Prior employment (briefly state background and professional experience since admission to the Bar):

[] Please add my picture to the Decatur Bar Association Website. (Send photo to _____)

Dated: _____
Signature

Endorsement: We, the undersigned active members of the Decatur Bar Association, certify that we are acquainted with the above-named applicant and we recommend the approval of his/her election to membership in the Decatur Bar Association.

1. _____ 2. _____
3. _____

Dues for Members of the Association are as follows:

Active Members, admitted to practice more than 5 years on July 1 \$100.00

Active Members, Admitted to practice between 1 and 5 years on July 1 \$35.00

Members admitted to practice less than 1 year None

Members admitted to practice more than 50 years on January 1 None

Persons applying for new membership after January 1 shall pay one-half of the annual dues otherwise payable for members of their class. Contact information and photos of members may be included on the Association website.

Send application to Decatur Bar Association, PO Box 523, Decatur, IL 62525-0523