

**Norman S. Minor Bar Association
Membership Application**

Name: _____ Date: _____
DOB: _____

Office Address:

Agency/Firm: _____

Street Name _____ City/State _____ Zip Code _____

Phone: _____ Fax: _____ Cell: _____

Home Address:

Street Name _____ City State _____ Zip Code _____

Tell Use About Yourself:

Type of Practice Sole Practioner Law Firm Corporate Law Department Government Judge
 Referee/Magistrate Judicial Clerk Academic Other: _____

Areas of Specialization: _____

Original Admission to the Bar (Month/Year): _____ State: _____ Bar Registration No. _____

Other Bar Memberships: _____

Undergraduate School/Degree: _____

Law School: _____ Juris Doctor Received: _____

Expected Graduation Date: _____

Class Membership

New Member Renewal Regular (*circle applicable letter*) (a) Member of Bar less that 5 years \$60.00
(b) Member of Bar for years or more \$100.00

Associate Graduate Lawyer not admitted to the Bar \$50.00

Law Student \$25.00

*Make check payable to: Norman S. Minor Bar Association/Mail to: 2131 Stokes Boulevard, Cleveland, Ohio 44106

Committees: Listed below are committees of the Bar Association. Pleas indicate your interest.

<input type="checkbox"/> Bar Liaison	<input type="checkbox"/> Ethics and Grievances	<input type="checkbox"/> Public Affairs and Communications
<input type="checkbox"/> Continuing Legal Education	<input type="checkbox"/> Legal Redress	<input type="checkbox"/> Services and Benefits
<input type="checkbox"/> Corporate & Gov't Practice	<input type="checkbox"/> Memberships	<input type="checkbox"/> Ways and Means
<input type="checkbox"/> Criminal & Juvenile Justice	<input type="checkbox"/> Political & Judicial Selection	<input type="checkbox"/> Women Lawyers
<input type="checkbox"/> Young Lawyers	<input type="checkbox"/> Other	

I request that my name not be included on the NSMBA mailing except for official association mailings.