



## 2010 ATTORNEY/STUDENT MEMBERSHIP APPLICATION

I am a member in good standing of the State Bar(s) of \_\_\_\_\_ and was admitted to practice on \_\_\_\_\_.

I am now practicing law in \_\_\_\_\_ . I am a law student enrolled at \_\_\_\_\_.

I expect to graduate in \_\_\_\_\_ . How did you hear about the Energy Bar Association?

**MEMBERSHIP INFORMATION** (Please check the appropriate membership category)

Private Sector Dues: **\$145.00/\*\$72.50**

Private Sector Dues [Those who graduated from law school within last three (3) years, that is, on or after January 1, 2007]: **\$100.00/\*\$50.00**

Government/Academic: **\$65.00/\*\$32.50**

Student: **\$25.00/\*\$12.50**

\*If application is made after July 1st of membership year.

**PLEASE INCLUDE ME AS A MEMBER OF THE FOLLOWING CHAPTER [No additional charge]:**

Houston      New Orleans      Southern (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA & WV)

Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, OK, SD & WI)

Western (AK, AZ, CA, CO, ID, MT, NM, NV, OR, UT, WA, WY, Canadian Provinces of Alberta & British Columbia and the Mexican States of Baja California & Sonora)

Northeast (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, & VT)

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last Name \_\_\_\_\_

Firm/Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**ARE YOU A MEMBER OF THE AMERICAN BAR ASSOCIATION (ABA)?**      YES      NO

As an ABA affiliated organization, EBA is required to retain your ABA membership status in our database.

**Energy Field(s) of Practice - Check all that apply: F=Federal S= State**

Electric	F	S	Gas	F	S	Hydro	F	S	Transactional	F	S
Finance	F	S	Nuclear	F	S	Oil	F	S			
Other				F	S						

I hereby apply for membership in the Energy Bar Association and certify that the information provided above is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information** (Note: This is not an e-commerce form, you must print and send to the EBA by mail or fax in order to complete the application)

Check enclosed payable to: Energy Bar Association      Mastercard      Visa      American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**PLEASE PRINT THIS FORM AND MAIL TO:**  
**ENERGY BAR ASSOCIATION**  
**1990 M STREET, NW, SUITE 350, WASHINGTON, DC 20036**  
**Phone:(202)223-5625 Fax: (202) 833-5596**  
**Credit card payments can be made by fax or mail.**

<b>FOR EBA USE ONLY :</b> Check Name _____	
Check or Authorization # _____	Check Date _____
Charge Date _____	Amount _____
Application Received _____	Approved _____