



2011 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, 2008]: **\$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.

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