

# WISCONSIN ASIAN BAR ASSOCIATION

## MEMBERSHIP APPLICATION

*Please complete this form and mail it along with your dues to WABA, P.O. Box 2223, Madison, WI 53701*



NAME: \_\_\_\_\_

FIRM/ORGANIZATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SCHOOL(S) ATTENDED: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

DATE OF BAR ADMISSION(S): \_\_\_\_\_

STATES ADMITTED TO PRACTICE: \_\_\_\_\_

AREA OF PRACTICE: \_\_\_\_\_

CAN WE INCLUDE YOUR INFORMATION IN THE WABA DIRECTORY? \_\_\_\_\_

ACTIVE MEMBER (\$50.00) \_\_\_\_\_ NON-RESIDENT MEMBER (\$50.00) \_\_\_\_\_

JUDICIAL MEMBER (\$50.00) \_\_\_\_\_ LAW STUDENT MEMBER (FREE) \_\_\_\_\_