



2018 Membership Application

Milwaukee Bar Association

Contact Information. Please Print.

Title	First Name	Middle Initial	Last Name
Firm Name			
Address			Suite
City		State	Zip
Phone		Email	
Date of Birth <i>mm/dd/yyyy</i>		I am a: <input type="checkbox"/> Government employee <input type="checkbox"/> Private attorney <input type="checkbox"/> Corp counsel attorney <input type="checkbox"/> Other	

Professional Information

Year Licensed in WI	Year Licensed in any state
Law School	Graduation Year
Current Law Firm Size <input type="checkbox"/> Solo <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+	

Demographics

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	
Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to answer	
How did you hear about us? <input type="checkbox"/> Online <input type="checkbox"/> Firm <input type="checkbox"/> Colleague <input type="checkbox"/> Professional Org.	Referred by

Areas of Practice/Interest & MBA Committees

Be sure to tell us your Fields of Practice(s) and Interest(s) to get appropriate notifications about upcoming events. Join a committee to build your professional circle and increase your visibility in the Milwaukee legal community.

<p>Areas of Practice/Interest</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> ADR <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Corp. Banking/Business <input type="checkbox"/> Corp. Counsel <input type="checkbox"/> Criminal <input type="checkbox"/> Elder <input type="checkbox"/> Employee Benefits <input type="checkbox"/> Environmental </div> <div style="width: 50%;"> <input type="checkbox"/> Estate & Trust <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Labor & Employment <input type="checkbox"/> Real Property <input type="checkbox"/> Taxation <input type="checkbox"/> Family </div> </div>	<p>MBA Committees</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Bench/Bar Cir. Ct. - Civil <input type="checkbox"/> Bench/Bar Cir. Ct. - Family <input type="checkbox"/> Bench/Bar Cir. Ct. - Probate <input type="checkbox"/> Bench/Bar Ct. of Appeals <input type="checkbox"/> Bench/Bar Small Claims <input type="checkbox"/> Courts <input type="checkbox"/> Fee Arbitration </div> <div style="width: 50%;"> <input type="checkbox"/> MBA Membership <input type="checkbox"/> MBA Memorial Service <input type="checkbox"/> MBA "The Messenger" Magazine <input type="checkbox"/> MBA Legal Access & Community Relations </div> </div>
---	--

Continued on Next Page →

MBA Annual Dues Please check your membership type.

<input type="checkbox"/> Regular	<i>Licensed in any state in 2014 or before</i>	\$225.00
<input type="checkbox"/> Associate	<i>Full-time Judicial Officer</i>	\$125.00
<input type="checkbox"/> Senior	<i>70 years of age or older</i>	\$100.00
<input type="checkbox"/> Newly Licensed	<i>Licensed in any state in 2015 or after</i>	\$100.00
<input type="checkbox"/> Same Year	<i>May-Dec after 2018 Admission</i>	Free
<input type="checkbox"/> Student	<i>Law School Student</i>	Free

If your business address is in a county other than Milwaukee, Ozaukee, Racine, Washington or Waukesha, you are eligible for the MBA **Affiliate** rate.

<input type="checkbox"/> Regular Affiliate	<i>Licensed in any state in 2014 or before</i>	\$100.00
<input type="checkbox"/> Associate Affiliate	<i>Full-time Judicial Officer</i>	\$55.00
<input type="checkbox"/> Senior Affiliate	<i>70 years of age or older</i>	\$50.00
<input type="checkbox"/> Newly Licensed Affiliate	<i>Licensed in any state in 2015 or after</i>	\$50.00

Payment

<input type="checkbox"/> Check enclosed

<input type="checkbox"/> Credit Card		
Name on Card		
Billing Address		Suite
City	State	Zip
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card Number	Exp

Send completed application & payment to:

Milwaukee Bar Association
 Attn: Membership
 424 East Wells Street, Milwaukee, WI 53202
 or email jsawinskicouch@milwbar.org