



APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete this form by printing or typing in the requested information. Save and email the completed form, and a copy of current State of Alabama Bar license to office@huntsvillebar.org. Your dues will be invoiced through PayPal. You may also send the completed form, a copy of current Alabama State Bar license and \$150.00 dues check to HMCBA, 228 Holmes Avenue, 8th Floor, Huntsville, AL 35801.

Alabama State Bar Number	Date Admitted to Alabama State Bar
Full Name	
Employer Street Address or P.O. Box City, State, Zip Code	
Office Manager Email for Billing	
Office Telephone	Office Fax
E-mail address	
Undergraduate School and Major	
Law Degree Received from (name of law school)	Year
Location of Law School (city, state)	
Please let us know how you heard about our insurance plan.	

I certify that I am a member in good standing of the Alabama State Bar, and I agree to abide by the constitution and bylaws of the Huntsville-Madison County Bar Association, Inc.

Date

Signature of Applicant

For use by the Huntsville-Madison County Bar Association, Inc.:

Applicant is in good standing with the Alabama State Bar.

Date

Signature of Executive Director