



**2018-2019 MEMBERSHIP FORM**

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

JOB TITLE / POSITION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

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

HOME E-MAIL: \_\_\_\_\_

LAW SCHOOL: \_\_\_\_\_

YEAR ADMITTED TO IOWA BAR: \_\_\_\_\_

OTHER BAR ADMISSIONS: \_\_\_\_\_

AREAS OF PRACTICE: \_\_\_\_\_

**The above information will be listed in the membership directory unless you specify otherwise.**

Please indicate where you prefer to receive I.O.W.A. mailings and e-mail messages:

Work  Home

Are you a new or renewed member? Which Iowa judicial district do you practice in? \_\_\_\_\_

New  Renewed

Please indicate if you are interested in serving on any of the following committees:

Annual Meeting  Continuing Legal Education  ISBA and Local Bar Liaison  Membership

Newsletter  Public Relations  Professional Action  District Representative

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DUES (I.O.W.A. operates on a fiscal year basis, from July 1 to June 30.):

\$35 Attorney

\$15 Current Year Bar Admittee

\$5 Law Student

Please complete this form and remit payment to the I.O.W.A. at I.O.W.A., P.O. Box 8268, Des Moines, IA 50301.