



2019-2020 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

ANNUAL 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.