

New Member Membership Renewal Name/Address Change

P Number: _____

Name: _____

Company/Firm: _____

Business Address:

City/State/Zip Code:

Business Phone:

Business Fax:

Business Email Address:

Law School: _____

Undergrad School: _____

Undergrad Major: _____

Date Admitted to Bar: _____

Practice Area: _____

Home Address:

City/State/Zip Code:

Home Phone:

Mobile Number:

Home Email Address:

I'm interested in working or serving as a liaison for the following committees:

- | | |
|---|--|
| <input type="checkbox"/> Corporate Counsel Breakfast | <input type="checkbox"/> Minority Bar Passage Program |
| <input type="checkbox"/> Communications/Newsletter | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Cooley/BLSA Mentoring Program | <input type="checkbox"/> Pro Bono Service Program |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Straker Foundation |
| <input type="checkbox"/> Martin Luther King Jr Advocacy Program | <input type="checkbox"/> Trailblazers Dinner |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Continuing Legal Education |
| | <input type="checkbox"/> Other (please specify): _____ |

Membership Category

- Regular Member (\$50.00)
 Associate Member (\$15.00 for law student, paralegal, legal assistant and legal secretary)
 Continuing Sponsor (\$75.00)
 I would like to make the following contribution to the Straker Foundation for charitable purposes \$ _____

Signature: _____

Date: _____

**Please make your check payable to the D. Augustus Straker Bar Association. DO NOT mail cash.
Please mail the completed form and payment to:**

D. Augustus Straker Bar Association
Attn: Membership Committee
19785 W. 12 Mile Road, # 176
Southfield, MI 48076

Please visit <http://www.strakerlaw.org>, for detailed information about the activities and programs supported by the D. Augustus Straker Bar Association.