



**MEMBERSHIP APPLICATION - INFORMATION FILE**

**(Please print or type)**

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Business Address \_\_\_\_\_ Associated With \_\_\_\_\_

Formerly Associated With \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Site \_\_\_\_\_

**A.R.D.C. Number:** \_\_\_\_\_

Name foreign languages you speak, if any \_\_\_\_\_

Name and relationship of any members of your immediate family licensed to practice law \_\_\_\_\_

Public office you have held and year, through election \_\_\_\_\_

Through appointment \_\_\_\_\_

Member of any service clubs or civic organizations, office or position you may have held, and year \_\_\_\_\_

Do you wish to be on the Lawyer Referral Panel? \_\_\_\_\_

**(OPTIONAL)**

How long have you been in the Rockford area \_\_\_\_\_ Parents' Names \_\_\_\_\_

Names and Ages of Children (if applicable) \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_ Date of Marriage and Place \_\_\_\_\_