



2010 Associate Membership Application Law School Students

Your **free membership** includes a subscription to the *OSBA Report Online*, *Ohio Lawyer* magazine and *Law Student News*, as well as access to the Casemaker Web Library. OSBA Student Membership is open to any student enrolled in an American Bar Association-accredited law school (excluding LLM candidates).

About You

Please type or print responses clearly.

Title: Mr. Mrs. Miss Ms. Military Officer

First name: _____ Middle: _____ Last name: _____

Prior last name: _____

Local/school street address: _____

P.O. Box _____ City _____ State _____ Zip _____ County _____ Country _____

Permanent/home street address: _____

P.O. Box _____ City _____ State _____ Zip _____ County _____ Country _____

Indicate where you want all OSBA information sent: Local Permanent

E-mail address (required for access to member areas of the Web site): _____

The OSBA may use my e-mail address to advise me of product and service announcements: yes no

Local telephone: (____) _____ Permanent telephone: (____) _____

Nickname (if any): _____

Race (optional): *This information is used for statistical purposes only.*

American Indian or Alaska Native Asian Black or African American Hispanic or Latino

Native Hawaiian or Other Pacific Islander White Other: _____

Law school you attend: _____ Expected graduation date: _____

Status: day student evening student

Gender: M F Birth date: ____ / ____ / ____

I hereby make application for Associate membership in the Ohio State Bar Association. I am in my _____ year of law school and plan to take the _____ (state) bar examination in _____ (year).

Applicant signature: _____

Optional Section Dues

If you wish to join an OSBA section, check the proper box and indicate the total section dues, below. Your one-time payment of \$9 per section covers your section dues as long as you remain in law school.

- | | |
|---|---|
| <input type="checkbox"/> Antitrust Law \$9 | <input type="checkbox"/> Litigation \$9 |
| <input type="checkbox"/> Corporate Counsel \$9 | <input type="checkbox"/> Real Property Law \$9 |
| <input type="checkbox"/> Estate Planning, Trust & Probate Law \$9 | <input type="checkbox"/> Solo, Small Firms & General Practice \$9 |
| <input type="checkbox"/> Intellectual Property Law \$9 | <input type="checkbox"/> Women in the Profession \$9 |
| <input type="checkbox"/> Labor & Employment Law \$9 | <input checked="" type="checkbox"/> Young Lawyers Free |

Total Section Dues: _____

Check enclosed made payable to the OSBA.

Pay by credit card: MasterCard VISA Am. Express

Account number: _____ Exp. Date _____ Signature _____

Return signed application (with section payment, if applicable) to: Ohio State Bar Association; P.O. Box 16562; Columbus, OH 43216-6562, or fax to (614) 487-8808.

Please note: Membership in the Ohio State Bar Association does not constitute permission to use the logo or marks of the Ohio State Bar Association.