


PERSONAL INFORMATION

FIRST NAME: _____ M.I. _____ LAST NAME: _____
 ADDRESS 1: _____
 ADDRESS 2: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____ FAX: _____ E-MAIL: _____


PROFESSIONAL INFORMATION

I am plan to practice law in the State of _____.
 I am a law student enrolled at _____ My Expected graduation is: _____ / _____ (MM/YY)
 I was referred to the Energy Bar Association by: _____ *If you were not referred by anyone in particular, please place n/a in the box.

ARE YOU A MEMBER OF THE AMERICAN BAR ASSOCIATION? Yes No *As an ABA affiliated organization, EBA is required to retain your ABA membership status in our database.

ENERGY FIELD(S) OF INTEREST – Check all that apply (F=Federal, S=State):

- ELECTRIC: F S
 GAS: F S
 HYDRO: F S
 TRANSACTIONAL: F S
 FINANCE: F S
 NUCLEAR: F S
 OIL: F S
 OTHER: F S _____


MEMBERSHIP INFORMATION

- PRIVATE SECTOR DUES: **\$205** GOVERNMENT/ACADEMIC: **\$90**
 Young Attorney DUES - THOSE WHO GRADUATED FROM LAW SCHOOL ON OR AFTER JANUARY 1, 2012: **\$140**
 STUDENT: **\$25**

Please include me as a member of the following chapter at no additional charge:

- Houston Rocky Mountain(CO, NM, MT, UT & WY)
 Midwest(IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, OK, SD & WI)
 Southern (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA & WV)
 New Orleans Western(AK, AZ, CA, ID, NV, OR, WA, Alberta, British Columbia, Mexican States of Baja CA & Sonora)
 Northeast(CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, Ontario, Quebec and the Maritime Provinces of Canada)

- Yes, I would like to receive a hard copy of the Energy Law Journal.
 Please send me a hard copy of the EBA Directory for \$25**
 ** An electronic version is included in your membership.


CONTRIBUTION INFORMATION

- Contribution to the Foundation of the Energy Law Journal: \$ _____
 Contribution to the Charitable Foundation of the Energy Bar Association: \$ _____ **Total Enclosed**
 Optional: Hardcopy Membership Directory \$25: \$ _____ **\$ _____


PAYMENT INFORMATION

I hereby apply for membership in the Energy Bar Association and certify that the information provided above is true and correct.

Initial _____

CHECK ENCLOSED MADE PAYABLE TO: _____
 ENERGY BAR ASSOCIATION MASTERCARD VISA AMERICAN EXPRESS DISCOVER
 CARD #: _____ EXPIRATION DATE: _____ / _____
 CARDHOLDER NAME (PLEASE PRINT): _____ SIGNATURE: _____

PRINT THIS FORM AND MAIL TO:
ENERGY BAR ASSOCIATION
2000 M STREET, N.W., SUITE 715, WASHINGTON, D.C. 20036
PHONE: (202) 223-5625 FAX (202) 833-5596

**CREDIT CARD PAYMENTS CAN BE MADE BY FAX OR EMAIL MARLO@EBA-NET.ORG.

FOR EBA USE ONLY:	
CHECK NAME:	_____
CHECK OR AUTHORIZATION #:	_____
CHECK DATE:	_____ CHARGE DATE: _____ AMOUNT: _____
APPLICATION RECEIVED:	_____ APPROVED: _____