

Membership will expire 12/31/2019.

Student membership runs on a twelve month cycle beginning August 1st.


PERSONAL INFORMATION

 FIRST NAME: _____ M.I. _____ LAST NAME: _____
 FIRM/COMPANY/AGENCY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____ FAX: _____ E-MAIL: _____

PROFESSIONAL INFORMATION

 I am a member in good standing of the State Bar(s) of _____ and was admitted to practice on ____ / ____ / ____
 I am now practicing law in the State of _____
 I am a law student enrolled at _____ I expect to graduate on ____ / ____ / ____
 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 PRACTICE – Check all that apply (F=Federal, S=State):

- | | | |
|---|---|---|
| <input type="checkbox"/> ELECTRIC: <input type="radio"/> F <input type="radio"/> S | <input type="checkbox"/> GAS: <input type="radio"/> F <input type="radio"/> S | <input type="checkbox"/> HYDRO: <input type="radio"/> F <input type="radio"/> S |
| <input type="checkbox"/> TRANSACTIONAL: <input type="radio"/> F <input type="radio"/> S | <input type="checkbox"/> FINANCE: <input type="radio"/> F <input type="radio"/> S | <input type="checkbox"/> NUCLEAR: <input type="radio"/> F <input type="radio"/> S |
| <input type="checkbox"/> OIL: <input type="radio"/> F <input type="radio"/> S | <input type="checkbox"/> OTHER: <input type="radio"/> F <input type="radio"/> S | _____ |

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

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

 Please send me a hard copy of the Energy Law Journal**

MEMBERSHIP RATE

- | | | |
|---|--|--|
| <input type="checkbox"/> PRIVATE SECTOR DUES: \$222 | <input type="checkbox"/> GOVERNMENT/ACADEMIC: \$98 | <input type="checkbox"/> YOUNG ATTORNEY: \$150 |
| <input type="checkbox"/> STUDENT: \$25 | SOLO Practitioner/Small Firm \$222 | |

US DOLLARS (USD) ONLY

 Dues: \$
CONTRIBUTION INFORMATION

- | | |
|---|-----------------|
| <input type="checkbox"/> Contribution to the Charitable Foundation of the Energy Bar Association: | \$ <u>30.00</u> |
| <input type="checkbox"/> Contribution to the Foundation of the Energy Law Journal: | \$ _____ |

Total Enclosed (Membership Dues + Contributions) USD: \$

PAYMENT INFORMATION

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

Initial

<input type="checkbox"/> CHECK ENCLOSED MADE PAYABLE TO: ENERGY BAR ASSOCIATION					<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> 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 ADMIN@EBA-NET.ORG.

FOR EBA USE ONLY:

CHECK NAME: _____
CHECK OR AUTHORIZATION #: _____
CHECK DATE: _____ CHARGE DATE: _____ AMOUNT: _____
APPLICATION RECEIVED: _____ APPROVED: _____