



2019 Summer Intern Student Membership Bundle

Student Membership Term: August 2019– July 2020
Membership will expire 7/31/2020

Full Name _____

Firm/Company/Agency _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

LinkedIn URL _____ Referred by _____

DEMOGRAPHICS

Energy field(s) of practice

	State	Federal
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Hydro	<input type="checkbox"/>	<input type="checkbox"/>
Transactional	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

- Check to receive a hard copy of the Energy Law Journal.
- Check if you are a member of the American Bar Association.

I am a member in good standing of the state(s) Bar of _____

I am now practicing law in _____

Date admitted to practice _____

CHAPTER AFFILIATION

Included with membership (select one)

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

Member Type

\$35 Student Membership Bundle (includes ticket to EBA's 11th Annual Summer Intern Reception (*details below*) individuals currently enrolled at a college or university.

Name of College/University _____

Expected graduation date _____

Young Lawyers Council 11th Annual Summer Intern Reception

Thursday, July 18, 2019, 6:00 – 8:00 p.m.

Location: Bar Deco, 717 6th St, NW, Washington, DC 20001

Payment Information

CFEBA Contribution \$ _____ FELJ Contribution \$ _____ Total Amount \$ _____

MC
 VISA
 AMEX
 DISC
 Check# _____

Make check payable to **Energy Bar Association**

Credit Card# _____ Expiration Date _____

Name on card _____ Signature _____