

Please check the section(s) you would like to join and submit with prepayment.

SECTION	No.	COST
<input type="checkbox"/> Administrative Law	01	\$20
<input type="checkbox"/> Alternative Dispute Resolution	02	\$30
<input type="checkbox"/> American Indian Law	31	\$20
<input type="checkbox"/> Animal Law	32	\$25
<input type="checkbox"/> Antitrust, Franchising & Trade Regulation	03	\$20
<input type="checkbox"/> Appellate Practice	30	\$25
<input type="checkbox"/> Arts, Communication, Entertainment & Sports	04	\$20
<input type="checkbox"/> Aviation Law	23	\$25
<input type="checkbox"/> Business Law	05	\$30
<input type="checkbox"/> Children's Law	13	\$40
<input type="checkbox"/> Consumer Law	33	\$15
<input type="checkbox"/> Criminal Law	07	\$20
<input type="checkbox"/> Elder Law and Disability Rights	26	\$35
<input type="checkbox"/> Environmental Law	08	\$30
<input type="checkbox"/> Family Law	09	\$60
<input type="checkbox"/> General Practice	10	\$20
<input type="checkbox"/> Health Care Law	28	\$35
<input type="checkbox"/> Information Technology Law	06	\$25

SECTION	No.	COST
<input type="checkbox"/> Insurance and Indemnity Law	36	\$25
<input type="checkbox"/> Intellectual Property Law	11	\$35
<input type="checkbox"/> International Law	12	\$30
<input type="checkbox"/> Labor & Employment Law	14	\$35
<input type="checkbox"/> Latin American Bar Activities	15	\$15
<input type="checkbox"/> Law Practice Management & Legal Administrators	16	\$25
<input type="checkbox"/> Litigation	29	\$25
<input type="checkbox"/> Negligence Law	17	\$40
<input type="checkbox"/> Paralegal/Legal Assistant	25	\$25
<input type="checkbox"/> Prisons & Corrections	35	\$20
<input type="checkbox"/> Probate & Estate Planning	18	\$35
<input type="checkbox"/> Public Corporation Law	19	\$30
<input type="checkbox"/> Real Property Law	20	\$45
<input type="checkbox"/> Senior Lawyers	27	\$30
<input type="checkbox"/> Social Security Lawyers	34	\$25
<input type="checkbox"/> Taxation	21	\$30
<input type="checkbox"/> Workers' Compensation Law	22	\$30

total: \$ _____
(add both columns)

All orders must be accompanied with payment.

P Number _____

Name _____

Address _____

City _____

State, Zip _____

Phone _____

Email _____

Check # _____ is enclosed, made payable to the
STATE BAR OF MICHIGAN.

Please charge the below credit card:

VISA: _____ Exp. Date: _____

MasterCard: _____ Exp. Date: _____

Authorized Signature: _____

Please return to: State Bar of Michigan
Finance Department
306 Townsend Street
Lansing, MI 48933-2012
Fax: (517) 346-6365

Prices are subject to change without notice.