



MEMBERSHIP APPLICATION (2019 – 2020)

An Affiliate of the National Bar Association

Member Profile (please print)

Name:	P#:	NBA ID #:
Title:		
Firm/Employer:		
Address:		
City, State, Zip:		
Phone:	Email:	

Membership Category

- Regular Member (\$75.00)
 Associate Member (law student, paralegal, legal assistant \$20.00)
 Continuing Sponsor (\$100.00)
 ABJM/Straker (Judges \$125.00)*
 ABJM/Straker/WBA (Judges \$175.00)*
 Sustaining ABJM/Straker/WBA (Judges \$280.00)*
*Check made payable to Association of Black Judges of Michigan

Charitable Contribution

- I would like to make a tax-deductible contribution to the D. Augustus Straker Bar Foundation.
 Check enclosed made payable to **D. Augustus Straker Bar Foundation** in the amount of \$_____

I am interested in working or serving as a liaison for the following committees:

- | | |
|--|--|
| <input type="checkbox"/> Bar Passage Program | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communications/Newsletter/Website | <input type="checkbox"/> MJK Oral Advocacy Competition |
| <input type="checkbox"/> Community Action / Pro Bono Service Program | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Continuing Legal Education | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Corporate Counsel Breakfast | <input type="checkbox"/> Solo and Small Firm |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Holiday Reception | <input type="checkbox"/> Straker Bar Foundation |
| <input type="checkbox"/> Law Students Reception | <input type="checkbox"/> Trailblazers Award & Scholarship Dinner |
| | <input type="checkbox"/> Other (please specify): _____ |

Signature: _____

Date: _____

DO NOT mail cash.

Mail the completed form and payment to:
D. Augustus Straker Bar Association
22200 W. Eleven Mile Road # 357

Southfield, MI 48037-0357
www.strakerlaw.org, info@strakerlaw.org
Please retain a copy of this form for your records.