

Name:			
Address:			
City:	ZIP:		_ County:
Home #: ()		_Cell #: ()
Email Address:			
Date of Birth:/ Gender: M/F Michigan Bar #:			
Occupation:			
Employer:			
Work Address:			
City:	ZIP:		County:
Work #: ()		Fax #: ()
I am willing to: help plan an annual eve host a fundraiser in my volunteer for voter prot write an article for publication teach others about what	ent home tection lication	Fundra Currei Comm Netwo	o serve on a standing committee: aising nt Issues nunity Action ork & Resources 1 & Ethnicity Discrimination
If admitted to membership in the BWLAM bar association I will abide by its bylaws.			
Signature:			Date:
ANNUAL MEMBERSHIP			
•	,		Person over 62, Non-Lawyer) \$25 ash Received Yes/No \$
Your membership is valid for one (1) year ending September 30 of each year. You may return by mail with an enclosed check, made payable to BWLAM.			
29488 Woodward Ave., # 149 Royal Oak MI 48075			