



APPLICATION FOR
LEGAL ASSISTANT OR LAW OFFICE ADMINISTRATOR

Legal Assistant

Law office Administrator

Please Print:

Name _____

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-Mail Address _____ Date of Birth _____

Signature of Applicant

I, _____, a member of the Illinois State Bar
(Please Print)

Association, hereby verify that the above applicant is employed, retained or supervised by me and meets the membership requirements as defined in the Association Bylaws.

Lawyer sponsor member signature

ISBA Member Number

PLEASE REMIT PAYMENT OF \$55.00 WITH APPLICATION

___ Check OR ___ Credit Card (American Express, MasterCard or VISA)

Account # _____

Exp. Date _____

Signature _____

Send to

Ann M. Boucher
Member Service Coordinator
Illinois State Bar Association
424 S. Second St.
Springfield, IL 62701
(800) 252-8908 or (217) 525-1760
(217) 525-0420 facsimile