

THE PUERTO RICAN BAR ASSOCIATION OF ILLINOIS

APPLICATION FOR MEMBERSHIP

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Email:					
Address:	Street				
	City/State		Zip Code		
Phone:		1	Fax No:		
Employer:_		Lav	v School attend	led:	
Address:	Street				
	City/State		Zip Code		
Phone:	Fax No:				
Area(s) of C	oncentration:				
Year admitte	ed to the Bar:	State(s) Admitted			
Can we inclu	ude you in our email list?	YES NO _			
Can we inclu	ude you in our attorney dir	ectory? YES	NO	<u> </u>	
DATE OF A	APPLICATION:/	/			
MEMBER S	SIGNATURE:				
	Please return completed	application with p	ayment made	payable to: PRBA	
	n Bar Association of Illino waukee Ave., Suite 104 nois 60647	OR is	prb	Via Email to: pa@prbalawil.com	
	oaid: \$50.00 for attorney: \$ayment: Check#			w student: \$l payment	
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