



APPLICATION FOR STUDENT MEMBERSHIP

Akron Bar Association

57 South Broadway

Akron, Ohio 44308

Phone: (330) 253-5007 | Fax: (330) 253-2140 | www.akronbar.org

Contact Information

Prefix: Mr. Mrs. Ms. Other: _____

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Nickname: _____ **Date of Birth:** _____

Gender: Male Female

Address

Street Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

NOTE: This the address we will publish in the Legal Directory.

Please provide school email address.

About You

Undergraduate School: _____

Year Graduated: _____ **Degree:** _____

Law School: _____

Year You Will Graduate: _____ **Degree:** _____

Publications

Print & Online Directory: I do not want my email address published in the Legal Telephone Directory.

I do not want my email address shown in the online directory.

I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications sent by or on behalf of the ABA via regular mail, email, telephone or fax.

Signature

Date