

Membership will expire 12/31/2017.

*Student membership runs on a twelve month cycle beginning August 1st.



PERSONAL INFORMATION

FIRST NAME: _____ M.I. _____ LAST NAME: _____
 FIRM/COMPANY/AGENCY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____ FAX: _____ E-MAIL: _____



PROFESSIONAL INFORMATION

I am a member in good standing of the State Bar(s) of _____ and was admitted to practice on ____ / ____ / ____
 I am now practicing law in the State of _____
 I am a law student enrolled at _____ I expect to graduate on ____ / ____ / ____
 I was referred to the Energy Bar Association by: _____ *If you were not referred by anyone in particular, please place n/a in the box.

ARE YOU A MEMBER OF THE AMERICAN BAR ASSOCIATION? Yes No *As an ABA affiliated organization, EBA is required to retain your ABA membership status in our database.

ENERGY FIELD(S) OF PRACTICE – Check all that apply (F=Federal, S=State):

- ELECTRIC: F S
 GAS: F S
 HYDRO: F S
 TRANSACTIONAL: F S
 FINANCE: F S
 NUCLEAR: F S
 OIL: F S
 OTHER: F S _____

Please include me as a member of the following chapter at no additional charge:

- Houston Rocky Mountain (CO, NM, MT, UT & WY)
 Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, OK, SD & WI) Southern (AL, AR, FL, GA, KY, MS, NC, SC, TN, TX, VA & WV)
 New Orleans (LA) Western (AK, AZ, CA, ID, NV, OR, WA, Alberta, British Columbia, Mexican States of Baja CA & Sonora)
 Northeast (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, Ontario, Quebec and the Maritime Provinces of Canada)

- Please send me a hard copy of the Energy Law Journal**
 Please send me a hard copy of the EBA Directory for \$25**
 ** An electronic version is included in your membership.



MEMBERSHIP RATE

- PRIVATE SECTOR DUES: \$205
 GOVERNMENT/ACADEMIC: \$90
 YOUNG ATTORNEY: \$140
 STUDENT: \$25

US DOLLARS (USD) ONLY

Dues: \$ _____

CONTRIBUTION INFORMATION

- Contribution to the Charitable Foundation of the Energy Bar Association: \$ **30.00**
 Contribution to the Foundation of the Energy Law Journal: \$ _____

**Optional: EBA Directory (Hard Copy) 25.00

Total Enclosed (Membership Dues + Contributions) USD: \$ _____



PAYMENT INFORMATION

I hereby apply for membership in the Energy Bar Association and certify that the information provided above is true and correct.

Initial _____

CHECK ENCLOSED MADE PAYABLE TO: _____
 ENERGY BAR ASSOCIATION MASTERCARD VISA AMERICAN EXPRESS DISCOVER
 CARD #: _____ EXPIRATION DATE: ____ / ____ / ____
 CARDHOLDER NAME (PLEASE PRINT): _____ SIGNATURE: _____

PRINT THIS FORM AND MAIL TO:

ENERGY BAR ASSOCIATION
2000 M STREET, N.W., SUITE 715, WASHINGTON, D.C. 20036
PHONE: (202) 223-5625 FAX (202) 833-5596

**CREDIT CARD PAYMENTS CAN BE MADE BY FAX OR EMAIL ADMIN@EBA-NET.ORG.

FOR EBA USE ONLY:

CHECK NAME: _____
 CHECK OR AUTHORIZATION #: _____
 CHECK DATE: _____ CHARGE DATE: _____ AMOUNT: _____
 APPLICATION RECEIVED: _____ APPROVED: _____