

YAVAPAI COUNTY BAR ASSOCIATION
APPLICATION FOR NEW MEMBERS

NAME: _____

FIRM: _____

ADDRESS: _____

STREET ADDRESS/ POST OFFICE BOX

CITY, STATE AND ZIP CODE

TELEPHONE: _____

E-MAIL: _____

AREAS OF PRACTICE: _____

STATES OF LICENSE(S): _____

LIST LOCATION OF YAVAPAI COUNTY OFFICE(S):

IDENTIFY THE NUMBER OF HOURS PER WEEK THE OFFICE IS STAFFED BY A
LICENSED ATTORNEY: _____

INCLUDE A CHECK IN THE AMOUNT OF \$110.00 PAYABLE TO THE "YAVAPAI COUNTY BAR
ASSOCIATION." THIS APPLICATION, ALONG WITH A CHECK SHOULD BE SENT TO THE
FOLLOWING ADDRESS FOR CONSIDERATION BY THE BOARD OF DIRECTORS:

BILL HUGHES, TREASURER
YAVAPAI COUNTY BAR ASSOCIATION
P.O. BOX 11679
PRESCOTT, ARIZONA 86304-1679