

ROCK ISLAND COUNTY BAR ASSOCIATION  
Application for Membership

1. NAME \_\_\_\_\_  
(Last) (First) (Middle)

2. FIRM/CORPORATION \_\_\_\_\_

3. OFFICE ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. OFFICE TELEPHONE \_\_\_\_\_

4A. FAX TELEPHONE \_\_\_\_\_ 4B. EMAIL ADDRESS \_\_\_\_\_

5. BIRTH DATE \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

6. COLLEGE \_\_\_\_\_ GRAD. YR. \_\_\_\_\_

7. LAW SCHOOL \_\_\_\_\_ GRAD YR. \_\_\_\_\_

8. TYPE OF PRACTICE Private Corporate Government  
(Circle One) Judicial Title State's Attorney

9A. YEAR LICENSED IN ILLINOIS \_\_\_\_\_

9B. ARE YOU LICENSED TO PRACTICE LAW IN ANY OTHER JURISDICTION?  
YES \_\_\_\_\_ NO \_\_\_\_\_ JURISDICTION \_\_\_\_\_ DATE LICENSED \_\_\_\_\_

10. GIVE THE NAMES AND ADDRESSES OF AT LEAST THREE PERSONS  
(OTHER THAN RELATIVES) WHO HAVE KNOWN YOU FOR AT LEAST FIVE  
YEARS (AT LEAST ONE ATTORNEY OR JUDGE)

(Full Name)	(Address)	(Occupation)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

11. HAS EITHER YOUR ABILITY, CHARACTER, OR FITNESS TO PRACTICE LAW  
EVER BEEN QUESTIONED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, GIVE DETAILS  
IN AN ATTACHED STATEMENT.

12. HAVE YOU EVER BELONGED TO OTHER BAR ASSOCIATIONS?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, PLEASE LIST.

IN MAKING THIS APPLICATION, I HEREBY AGREE, IF GRANTED MEMBERSHIP, TO  
OBSERVE THE BYLAWS OF THE ROCK ISLAND COUNTY BAR ASSOCIATION AND TO  
ABIDE BY THE ILLINOIS CODE OF PROFESSIONAL RESPONSIBILITY.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature