



Name [Required by State Bar Bylaws, Article 1, Section 1(a)]

Last Name _____ First _____ Middle _____

Business Information (if applicable) [Required by State Bar Bylaws, Article 1, Section 1(c)]

Organization/Firm _____
Please check one: [] Law Firm [] Govt/Public Agency [] Other

Street Address _____ Street Zip _____

PO Box _____ PO Zip _____ City _____ State _____

Main Office Phone _____ Main Office Fax _____

Residence Information [Required by State Bar Bylaws Article 1, Section 1(b)]

Street Address _____

City _____ State _____ Zip _____

Cell Phone (optional) _____

Electronic Information

Email Address _____

Mailing Information

Preferred Mailing Address for State Bar Mail: [] Home [] Office

Admission Information [Required by State Bar Bylaws, Article 1, Sections 1(e) & 1(h)]

First Admissions: (month/day/year) State _____ Date _____

Law School _____ Year Graduated _____

Personal Information [Birth Date, Place and SSN are Required by State Bar Bylaws, Article 1, Sections 1(f) & 1(i)]

Birth Date _____ Place of Birth _____
MM/DD/YY City & State

For your security, you will be asked to provide your Social Security Number over the phone when you call to make your payment.

Demographic Information* [Check all that apply]

- [] American Indian [] Asian or Asian Pacific [] Black or African American
[] Hispanic or Latino Middle Eastern or North African [] White [] Female [] Male [] LGBTQ
[] Person with disabilities [] Other
[] I authorize my contact information to be released to Wisconsin Affinity Bars based on information contained in the demographic portion of the dues statement.

* The State Bar will not update your public profile to include such information nor will it disseminate members' personally identifiable information using this data without your authorization.

Signature [Required by State Bar Bylaws, Article 1, Section 1]

Signature _____ Date _____