

MINORITY IN-HOUSE COUNSEL GROUP
MEMBERSHIP APPLICATION

I, _____, hereby apply for membership in the Minority In-House Counsel Group (the Organization).

PLEASE COMPLETE

Name: _____
Company: _____
Title: _____
Address: _____

Staff Assistant/Contact:
Name: _____
Phone: _____

Phone: _____
Fax: _____
Email: _____
Home Address (Optional): _____

Law School: _____
Other Degrees: _____
Bar Memberships: _____

Class: _____

Current Practice Areas:

PLEASE CHECK BELOW:

- I authorize the following information to be included in the Online Directory, and authorize the Organization to publish this Directory for the benefit of the Organization and as it may determine.
- I do not authorize my name to be included in the Online Directory.

CIRCLE ONE OR MORE:

I would be interested in serving on the following committees:

1. Program/Meeting Planning 2. Membership Development
3. Internet Communications

ETHNIC ORIGIN African -American Latino/ Hispanic Asian or Pacific Islander
American Indian or Alaskan Native Other

Signature

Date

Checks should be made payable to: The American Bar Association (with a memo notation **MIC Group Membership Fee**), sent to American Bar Association, attention Commission on Racial & Ethnic Diversity, 321 North Clark Street, Chicago, Illinois 60610. For more information about the MIC Group call 312/988-5508. *We welcome you to visit our website at <http://www.abanet.org/minorities>.*