



Member Profile Form

First Name: _____

Last Name: _____

e-mail: _____

Office Phone: _____

Dues Type *\$150.00 – Regular Dues practicing*

Circle One

\$75.00 – Less than 5 years

Practice

\$00.00 – Less than 1 year practicing \$00.00 – 50+ years of

\$00.00 – Public Employee, Less than 5 years



Profile Information for Directory

First Name*

Last Name*

Birth Year

Firm Affiliation (if any)

Business Address*

Business Address 2

City*

State*

Zip*

Office Phone

Fax

Year Admitted to Practice in Illinois

Admitted to Other Bars

Yes

No

If yes, state?

College

Law School

Year Graduated from Law School

Specialty

Hold CTRL to select multiple specialties.

Language

Please check the committees you would like to join.

- Community Relations
- Criminal Justice**
- Family
- Golf
- Judiciary
- Library
- Membership
- Memorial/Oral Historian
- People's Law School
- Portrait
- Pro Bono
- Real Estate
- Scholarship
- Social
- Young Lawyer

Company Web Site

Billing Information

My Billing is the same as my Business Address

Billing Address*

City*

State*

Zip*

Payment Information