

Public Interest Law Section

Membership Application

NAME:	FL BAR #:			
FIRM NAME/ORGANIZATIC	DN:			
ADDRESS:				
CITY/STATE/ZIP:				
EMAIL ADDRESS:				
PHONE:		FAX:		
Please select the membersl	hip type below and retu	rn this form with your payme	ent of:	
\$35.00 Florida Bar Free Affiliate Mem Free Law Student I		2)		
<u>Credit Card</u> Fax t	his membership applica	ation with credit card inform	ation to 850-561-5825.	
Name:	FL Bar #:			
Billing Address:				
City/State/Zip:				
MasterCard	Visa	Discover	American Express	
Name on Card:				
Card Number:		Expiration Date:/		
Signature:			(Month/Ye	ear)

Mail this membership application with check (if applilcable) payable to '**The Florida Bar'** to:

The Public Interest Law Section

The Florida Bar 651 E. Jefferson St. Tallahassee, FL 32399-2300

Check