

Bar Association of DeSoto County, Inc.

Membership Application

Applicant Information

Internal Use Only Membership #: _____
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Full Name: _____
Last First M.I.

Address: _____
Street Address Unit #

City State Zip Code

Phone: _____ Email: _____

Web Site: _____ Social Media: _____

FL Bar Number: _____ FL Bar Certification: _____

Practice Area(s): _____

Education

Law School: _____
School Name Graduation Date

Undergraduate: _____
School Name Graduation Date

Additional: _____
School Name Graduation Date

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
I am seeking membership in the Bar Association of DeSoto County, Inc.

Signature: _____ Date: _____