

MEMBER APPLICATION

MEMBER INFORMATION/BIOGRAPHICAL DATA

Name _____ Date _____
FIRST, MIDDLE, MAIDEN (IF APPLICABLE), LAST

Date and Place of Birth _____

Home Address _____

City _____ State _____ Zip _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Website _____

Work Phone _____ Fax _____

Mobile Phone _____ E-mail _____

EDUCATION AND PROFESSIONAL INFORMATION

Undergraduate Degrees, Date, and School _____

Law School _____

Other Degrees _____

Date of Admission before the MO Bar _____ MO Bar Number _____

Are you licensed in any other states? _____

Do you speak any foreign languages? _____

Do you have any other special skills or interests? _____

List Military Service if any _____

Please complete as much of this form as is applicable and return to the SMBA office by mail, fax (417) 831-2783 or e-mail smba@pcis.net. Dues will be invoiced upon receipt of your application at the following rates:

SMBA dues

\$175.00 annually, prorated as follows: \$87.00 for members joining July 1 to August 31, and \$50.00 for members joining September 1 to December 31.

Public Sector Rate

(Prosecutors, Public Defenders),
\$90.00 annually prorated as follows:
\$60.00 for members joining
July 1 to December 31.

Student Rate (students attending accredited law schools)

\$20.00 annually prorated as follows:
\$10.00 for members joining
July 1 to December 31. Contact
the SMBA office to request
a waiver.

Dues waivers determined on a case-by-case basis at the discretion of the Executive Director. To inquire, contact Crista Hogan.
