

**2019 HAMILTON COUNTY BAR ASSOCIATION
MEMBERSHIP RENEWAL APPLICATION***

***Membership application and payment can also be completed online at
www.hamiltoncountybar.com/membership**

Regular Member: \$60.00 for membership January 1, 2019 to December 31, 2019

Name: _____

Attorney No. _____

Law Firm: _____

Address: _____

Phone No.: _____

E-mail: _____

Website: _____

In 2017, the HCBA launched an Attorney Directory which can be found at <http://www.hamiltoncountybar.com/hcba-attorney-directory.html>. If you would like your name listed, please indicate ONE primary practice area below. We will use the contact information above for your listing, unless otherwise specified. If you wish to add additional practice areas, please see the comment below regarding additional practice areas and payment. If you do not select a practice area, you will not be listed on the website.**

I do not wish to be listed. OR Please list my name under the following areas:

<input type="checkbox"/> Appeals	<input type="checkbox"/> Elder Law	<input type="checkbox"/> Insurance	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Employment Law	<input type="checkbox"/> Juvenile/CHINS	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Business Law	<input type="checkbox"/> Estate Planning/Probate	<input type="checkbox"/> Litigation	<input type="checkbox"/> Tax
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Family Law	<input type="checkbox"/> Mediation	<input type="checkbox"/> Other _____

***Each attorney member of the HCBA is entitled to a complementary listing of their name under one practice area. We understand this listing may not encompass all practice areas that an attorney is engaged in, so attorneys are welcome to purchase additional listings for different practice areas for **\$10.00/additional practice area**. If you wish to do so, please designate all requested practice areas above and note the number of additional practice areas and amount of additional payment due below. Please include the additional payment with your membership dues to Brandi Gibson.*

No. of Add'l Practice Areas: _____ Amt. of Add'l Payment included: _____ Total Payment: _____

Please make dues payable to the **Hamilton County Bar Association** and return this application with remittance to:

Brandi Gibson, Treasurer
HAMILTON COUNTY BAR ASSOCIATION
c/o Coots, Henke & Wheeler, PC
255 E. Carmel Drive
Carmel, IN 46032