

## 2023-2024 Membership Form – Individuals

## Please complete the following information:

Member Informat	ion:			
Full Name:				
Firm/Corporation/L	egal Institution:			
Address:				
City:		State:	Zip:	
Email Address:				
Website:				
Business Phone #:		Mobile	Mobile Phone #:	
Title/Position:				
Membership level	l:			
□ Attorney Private Practice (\$125)		□ Retired or Inactive Attorney or Judge (\$75)		
□ Attorney Public Sector (\$95)		□ Student (FREE)		
Membership Com	mittee Interest:			
Please indicate any	MABL Committees yo	u are intere	ested in:	
□ Governance	□ Programming		□ Judicial Endorsement (currently full)	
□ Finance	□ Gala		□ Communications	
□ Membership	□ Legislative		□ Nominations	
Dlagge provide oper	feedback and comme	nts on how	MABL can help serve your needs.	



Please enclose a check for the amount shown above and mail along with this form to:

## **Minnesota Association of Black Lawyers**

P. O. Box 582892 Minneapolis, MN 55458-2892