



## KCMBA Federal Courts Advocates Section Application Form

Full Name: \_\_\_\_\_ Initial Bar Year \_\_\_\_\_

Firm: \_\_\_\_\_ KCMBA Member \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

NOTE: For security reasons, please return this form by mail or fax and do not send the information below as an email attachment.

Enclosed is my full payment in the amount of \$15\_\_\_\_\_ (KCMBA Member) \$25\_\_\_\_\_ ( KCMBA Non-member)

Check # \_\_\_\_\_

\_\_ American Express \_\_ VISA \_\_ MasterCard \_\_ Discover Credit

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Make checks payable to KCMBA.

Return to: Kansas City Metropolitan Bar Association

2300 Main Street, Suite 100

Kansas City, MO 64108

Or send it via fax to (816) 474-0103.