



**OMAHA LEGAL PROFESSIONALS ASSOCIATION**  
**Membership Application/Renewal**  
**(2017-2018 Fiscal Year—April 1, 2017 through March 31, 2018)**



NAME \_\_\_\_\_ BIRTH DATE (month/day) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY & STATE \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_  
 FAX NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_  
 E-MAIL: HOME \_\_\_\_\_ WORK \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY & STATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_  
 AREAS OF LAW \_\_\_\_\_

Please indicate your preferred mailing address for notices and publications by checking one of the spaces below. If there is a change in your work or home address, please notify the Treasurer.

HOME \_\_\_\_\_ WORK \_\_\_\_\_

**AREAS OF INTEREST: Please indicate all committees in which you have an interest.**

- |                                 |  |                         |
|---------------------------------|--|-------------------------|
| _____ Bar Liaison/Law Day       | _____ Legal Education/Seminars           | _____ Reservations      |
| _____ Budget /Finance Committee | _____ Nominations & Elections            | _____ Roster            |
| _____ Chapter Representative    | _____ Parliamentarian (appointed office) | _____ Scholarship       |
| _____ Community Service         | _____ Program/Public Relations           | _____ Social Activities |
| _____ Employment                | _____ Publications                       | _____ Ways & Means      |
| _____ Historian                 |  |                         |

**It is the responsibility of all officers and standing and special committee chairpersons to attend all general membership meetings and Board of Director meetings of the Association. General membership meetings are held the third Wednesday of the month (except July, August and December) and Board of Director meetings are held the first Wednesday of the month (except July and December).**

**MEMBERSHIP DUES**

Membership dues are due by April 1, 2017. Checks should be made payable to "OLPA."

- \_\_\_\_\_ MEMBERSHIP—DUES ARE \$50 (\$25 Local/\$25 State Chapter)  
 \_\_\_\_\_ STUDENT MEMBERSHIP—DUES ARE \$15 for the local Chapter, No fee for State Chapter  
 \_\_\_\_\_ HONORARY MEMBERSHIP—GRATIS

Have you previously been a member of OLPA? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Who referred you to OLPA? \_\_\_\_\_

**ATTESTATION FOR STUDENT MEMBERSHIP**

I hereby attest that \_\_\_\_\_ is currently enrolled for \_\_\_\_\_ credit hours per semester at the following school: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Upon confirming your application send app/check to: Lisa Bryan - OLPA Treasurer, 1925 South 7 Street, Council Bluffs, IA 51501.**