FEDERAL CLAIMS BAR ASSOCIATION

2008 MEMBERSHIP APPLICATION

☐ New Member   ☐ Renewing Member

Name	
Firm, Agency or Other Affiliation	
Address	
City, State, Zip	
Telephone	
E-mail Address *(required to access on-line membership account)*	

Membership Dues Rates (please check appropriate box):

Attorney in Private Practice	☐ $60 for 1 year or ☐ $110 for 2 years
Attorney in Private Practice newly admitted to the practice of law after January 1, 2005	☐ $45
Government / Academic / Non-Profit Attorney	☐ $45 for 1 year or ☐ $80 for 2 years
Government Agency Attorney newly admitted to the practice of law after January 1, 2005	☐ $30
Law Clerk / Retired	☐ $15

Payment Method (please check appropriate box):

☐ Credit Card	☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
	Account #: Expiration Date:
	CSC # _____ (Visa, MasterCard, Discover: last 3 digits on back of card; Amex: 4-digit number on front of card directly above account number.)
	Signature
☐ Check	Make check payable to "U.S. Court of Federal Claims Bar Association" and mail to P.O. Box 7614, Ben Franklin Station, Washington, DC 20044. Membership application is not complete until check is received.

Payment Remittance:
Mail: CFC Bar Association, P.O. Box 7614, Ben Franklin Station, Washington, DC 20044
Email: sandy@cfcbar.org
Questions: 202-220-8638

I am a member in good standing of the Bar of the Court of Federal Claims (Please confirm by checking the following box) ☐

The Bar Association publishes an online membership directory. Would you like to have your name, contact information and area(s) of practice accessible to the public?
Check 1 box only:
☐ Make my information publicly accessible.
☐ Make my information accessible to Bar Association members only.
☐ Please keep my information private.