



**ILLINOIS STATE
BAR ASSOCIATION**

**Application for Affiliation of Organized Bar Associations
with the Illinois State Bar Association**

Name of Bar Association: _____

Mailing Address: _____

Email Address: _____

Telephone Number: (____) _____

Contact Person: _____

This application is being filed with the Illinois State Bar Association in accordance with Section 12 of the Bylaws for affiliation with the ISBA. The application is signed by the President and Secretary of the applicant association and **included is a copy of the applicant's bylaws**. This application and bylaws will be presented to the Board of Governors for approval.

This application is hereby submitted for approval per terms of conditions as stated in the ISBA Bylaws, Section 12 (affiliation).

President

Secretary

*Please return to: Illinois State Bar Association
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Asst. Exec. Dir. for Communications
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Springfield, IL 62701
tslating@isba.org*