

WYANDOTTE COUNTY BAR ASSOCIATION
710 No. 7th Street Suite 500
Kansas City, KS 66101
(913) 573-2899 telephone (913) 573-2892 facsimile

1.) _____
(Last Name) (First Name) (Middle Initial)

2.) _____
(Office Address) (City & State) (Zip Code)

3.) _____
(Firm Name) (Membership Type)

4.) _____
(Business Phone) (Fax Number) (E-Mail Address)

5.) _____
(Areas of Practice)

6.) _____
(First Name of Spouse, if applicable) (Your Date of Birth)

7.) _____
(Home Address) (City) (State) (Telephone)

8.) Admitted to Kansas Bar: _____ Supreme Court Number: _____

9.) Admitted to practice also before: _____

10.) Education:
College: _____ Date: _____ Degree: _____
Law School: _____ Date: _____ Degree: _____

I, the undersigned, apply for membership in the Wyandotte County Bar Association & hereby tender the first year=s dues. I agree to abide by the Code of Professional Responsibility adopted by the Kansas Supreme Court. I further agree to abide by the By-Laws and Rules of the Wyandotte County Bar Association. I also certify that I am admitted to practice law in Kansas.

Date: _____ Signature: _____

Recommendation:

The undersigned hereby recommend the acceptance of the above application and state that the applicant is of good moral character.

