FCA Membership Sign-Up Form

Full Name: _____ Initial Bar Year _____

Firm: _____ KCMBA Member _____ Yes

Address: _____ _____ No

_____

_____

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 $_____ Check #_____

__ American Express ___ VISA ___ MasterCard Credit Card #_____Exp. Date: ___

Signature _____

Make checks payable to KCMBA.

Return to: Kansas City Metropolitan Bar Association, 1125 Grand Blvd., Suite 400, Kansas City, MO 64106 or by fax to 816 / 474-0103.

If you have questions about the new Federal Courts Advocates Section or want to get more involved, please contact W. Perry Brandt (perry.brandt@bryancave.com) or Lynn R. Johnson (ljohnson@sjblaw.com).