



**FAMILY LAW SECTION OF THE
ALABAMA STATE BAR**

MEMBERSHIP APPLICATION
(Membership period October 1st – September 30th)

ANNUAL DUES: \$50.00

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Firm Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

Website: _____

County(ies) which you practice in: _____

ASB #: _____

Membership Renewal

New Member **Referred by:** _____

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Family Law Section of the Alabama State Bar
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