



Law Student Application for Affiliate Membership in the Real Property, Probate and Trust Law Section of The Florida Bar

Name: _____

Name of Accredited Law School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Expected Graduation Date: _____ Phone: _____

E-Mail Address: _____

Applicant hereby certifies that applicant is enrolled in the accredited law school named above.

Return this form completed with your payment of \$20. Make check payable to "THE FLORIDA BAR" or pay by credit card.

MASTERCARD **VISA** **AMEX** **DISCOVER**

PLEASE NEATLY PRINT LARGE LETTERS & NUMBERS

Card Number: _____

Expiration Date: _____ / _____ (Month / Year)

Name on Card: _____

Signature: _____ \$ 20. 00

**When paying by credit card, fax or e-mail form to 850-561-9427 or e-mail to registrations@flabar.org
Mail check to: The Florida Bar, 651 E. Jefferson Street, Tallahassee, FL 32399-2300**

**Note: The Florida Bar dues structure does not provide for prorated dues.
Your Section dues cover the period of July 1 to June 30.**