

**APPLICATION FOR MEMBERSHIP IN THE
INTELLECTUAL PROPERTY LAW ASSOCIATION OF CHICAGO (IPLAC)**

Name				Bar Registration No.	
Residence Address					
Telephone No.					
Business Name/Address					
Position					
Telephone No.		Cell No.		Fax No.	
E-mail address					
Firm/Company Website					

All correspondence and mailings should be sent to me at my: Residence Business

PRACTICE CREDENTIALS

I hereby certify that (Please check all applicable boxes and sign in the space indicated)

<p>1. <input type="checkbox"/> I hold a license in good standing to practice law in the following states. <div style="display: flex; justify-content: space-around; width: 100%;"> <u>STATE</u> <u>YEAR ADMITTED</u> </div> </p> <p>2. <input type="checkbox"/> I am a patent agent.</p> <p>3. <input type="checkbox"/> I have never been disbarred or disciplined by any authority which monitors or licenses attorneys or patent agents nor am I the subject of disciplinary proceedings now pending. (If you have been disbarred or disciplined or are the subject of disciplinary proceedings, please attach a separate sheet of paper fully explaining all details).</p> <p>4. <input type="checkbox"/> I am a part-time / full-time (circle one) law student at: _____ and expect to graduate in _____ (month) of _____, (year).</p> <p>5. <input type="checkbox"/> I am a paralegal and specialize in the practice of intellectual property law.</p> <p>6. <input type="checkbox"/> I am currently unemployed and actively seeking work or I am experiencing extreme financial hardship and wish to apply for IPLAC's reduced membership rate of \$**. Please provide the reason for the request in the space provided below:</p>

Please also provide the following information.

AREA OF CONCENTRATION (check one): Patents Trademarks Trade Secrets
 Copyrights Licensing Litigation All IP

MEMBERSHIP TYPE AND CATEGORY*: _____ (i.e., Active Attorney Member, etc.)

ENCLOSED IS A CHECK MADE OUT TO "IPLAC" IN THE AMOUNT OF: _____

Signature: _____

Date: _____

MAIL THIS APPLICATION TO:
Membership Chair of IPLAC
See transmittal letter or
<http://iplac.org/Forms/join.shtml>
for current address

OR IPLAC
P.O. Box 472
Chicago, IL 60690 0472

ACTION BY MEMBERSHIP COMMITTEE

Dated: _____ Name: _____ () Approved () Not Approved

* A list of membership types and rates can be found on the IPLAC website at <http://iplac.org/Forms/join.shtml>.