STUDENT MEMBERSHIP FORM
Spring 2018 - Spring 2019
Please remit this form along with payment in the form of check or money order to:
National Native American Bar Association
PO Box 11145, Tempe, AZ 85284
www.nativeamericanbar.org

New or Renewal: ☐ New ☐ Renewal - If renewing, only name, email & updated information are needed.

Name: _____________________________________________________________

Tribal Affiliation: ___________________________________________________

Law School: _________________________________________________________

Graduation Year: _____________________________________________________

Mailing Address: _____________________________________________________

Phone: _____________________________________________________________

Email: ______________________________________________________________

☐ Please check this box if you would NOT like to be listed in the NNABA Membership Directory.

I attest that the above information is correct to the best of my knowledge and therefore release the use of information provided above to the National Native American Bar Association.

Signature ___________________________ Printed Name ___________________ Date __________

Student Membership is free to all students enrolled in ABA accredited law schools.

PLEASE ATTACH A COPY OF YOUR STUDENT ID.