



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

[] I have also included
an additional
\$_____ to support
and sustain future
projects and efforts.

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.
