



## HNBA Affiliate Organization Application

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*A Bar Association that is affiliated with the HNBA.*

Please answer the following questions about your Organization for our files:

1. Affiliate Name: [Click here to enter text.](#)
2. Affiliate Acronym: [Click here to enter text.](#)
3. Affiliate's Direct Mailing Address (if applicable): [Click here to enter text.](#)  
City, State, Zip: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)  
E-mail: [Click here to enter text.](#)
  
4. Current President: [Click here to enter text.](#)
5. Current President Contact Information: [Click here to enter text.](#)  
City, State, Zip: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)  
E-mail: [Click here to enter text.](#)
6. President Elect (if applicable): [Click here to enter text.](#)
7. President Elect Contact Information (if applicable): [Click here to enter text.](#)  
City, State, Zip: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)  
E-mail: [Click here to enter text.](#)
  
8. Length of Presidential Term (start & finish date): [Click here to enter text.](#)
9. Date/Period of Board change: [Click here to enter text.](#)
10. Length of Board Term: [Click here to enter text.](#)
  
11. Affiliate Voting Representative (*Voting Reps will be the only individual allowed to participate and vote in Board meetings, Elections, and will be the liaison to the HNBA, and VP of Regions and Affiliates*): [Click here to enter text.](#)  
Address: [Click here to enter text.](#)  
City, State, Zip: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)  
E-mail: [Click here to enter text.](#)
  
12. Does your bar association offer dual membership for your bar and the HNBA for one inclusive fee?  Yes  No  
\*Please note that if "yes", members joining HNBA through an Affiliate Organization by way of dual membership must complete a membership application in order for membership and payment to be processed.

**PAYMENT SECTION**

Bill my credit card       AMEX       Master Card       Visa

Credit card number: Click here to enter text. Security code: Click here to enter text. Exp: Click here to enter text.

Signature Authorization: Click here to enter text.

*Affiliate Representative Signature:* Click here to enter text.      *Date:* Click here to enter text.

Please return this form and a check for **\$250.00** to:  
HNBA – 1020 19<sup>th</sup> Street NW, Suite 505, Washington, DC 20036 or via email to:  
[dmehta@hnba.com](mailto:dmehta@hnba.com)