



NHBA Section Signup Form

Please check the appropriate box for any sections you wish to JOIN, calculate and enter Total Amount Due and mail with payment to the address below. If you are a student, you must supply us with a copy of your student ID card. 6/09

Date _____

Name _____ Bar ID# _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- | | | | |
|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> ALTE | Alternative Dispute Resolution Section | <input type="checkbox"/> INTL | International Law |
| <input type="checkbox"/> BUSI | Business Litigation Section | <input type="checkbox"/> LABO | Labor & Employment Law Section |
| <input type="checkbox"/> CHIL | Children's Law Section | <input type="checkbox"/> MENT | Mental & Physical Disabilities Law Section |
| <input type="checkbox"/> CRIM | Criminal Justice Section | <input type="checkbox"/> MILI | Military Law Section |
| <input type="checkbox"/> CORP | Corporation, Banking & Business Law Section | <input type="checkbox"/> MUNI | Municipal & Governmental Law Section |
| <input type="checkbox"/> ELDE | Elder Law, Estate Planning and Probate Section | <input type="checkbox"/> PUBL | Public Sector Law Section |
| <input type="checkbox"/> ENVI | Environmental & Natural Resources Law Section | <input type="checkbox"/> REAL | Real Property Law Section |
| <input type="checkbox"/> FAMI | Family Law Section | <input type="checkbox"/> TELE | Telecommunications, Energy & Utilities Section |
| <input type="checkbox"/> FEDE | Federal Practice Section | <input type="checkbox"/> TAX | Taxation Law Section |
| <input type="checkbox"/> HEAL | Health Law Section | <input type="checkbox"/> WORK | Workers' Compensation Law Section |
| <input type="checkbox"/> INTE | Intellectual Property Law Section | | |

TOTAL AMOUNT DUE: NHBA Member (# of sections X \$40.00) \$ _____

Non-member (except NH law students) (# of sections X \$60.00) \$ _____

NH Law Student (# of sections X \$15.00) \$ _____

Please make check payable to: **New Hampshire Bar Association**
 2 Pillsbury Street, Suite 300
 Concord, NH 03301

For NHBA Use Only: Date Received: _____ Amount _____ Check Number: _____
