



~ **Membership Application** ~

Thank you for your support of the Historical Society of the United States District Court for the Southern District of Indiana, Inc. Your membership dues will help us continue as an organization that supports programs for the bench, bar and general public. Please denote your membership level and **make your check payable to "HSDCSD, Inc."**, and be sure to include your contact information. Membership is valid through **December 31, 2015**.

MEMBERSHIP LEVEL (Check one)

<input type="checkbox"/> Lawyer: \$50	<input type="checkbox"/> Young lawyer: \$25 (5 or fewer years of practice)
<input type="checkbox"/> General public: \$25	<input type="checkbox"/> Student: \$10
<input type="checkbox"/> Government: Free	

Name: _____

Affiliation Name: _____

Phone: _____ Date _____

Email: _____