

APPLICATION FOR MEMBERSHIP IN THE ASSOCIATION OF FRATERNAL BENEFIT COUNSEL (AFBC)

APPLICANT INFORMATION

Name:

Mailing Address:

City:

State/Province:

ZIP/Postal Code:

Email:

Phone:

Law School:

Graduation Year:

State/Province Bar Admissions:

ORGANIZATION INFORMATION

Organization:

Type of Organization:

(*If Private Practice*) Fraternal Benefit Society(ies) Represented:

(*If Private Practice*) If you do not currently represent a fraternal benefit society, on behalf of which fraternal benefit society(ies) are you interested in representing?

AFBC MEMBER SPONSOR

All applicants for membership in the AFBC must be recommended for membership by a member of the Association who is in good standing.

Sponsor Name:

Sponsor's Organization:

CERTIFICATION & SIGNATURE

I certify that I am an attorney in good standing. I do hereby apply for membership in the Association of Fraternal Benefit Counsel and tender payment for one year's annual dues.

Signature of Applicant:

Date:

Please complete and return with a check payable to the Association of Fraternal Benefit Counsel for \$100.00 (if applicant is directly employed by a fraternal benefit society) or \$150.00 (for all other applicants), as applicable to:

Ellen Reynolds
Secretary / Treasurer, AFBC
c/o Modern Woodmen of America
1701 1st Avenue
Rock Island, IL 61201