

 MEMBERSHIP APPLICATION

**Professional Information:**

Name: Date:

Firm/Court/Organization:

Address:

City: State: Zip:

Phone: ( ) Fax: ( )

Email:

Exact Position: How long in this position?

Describe current job responsibilities in the IP area of your practice:

Responsibilities in the IP area in your two previous positions and number of years in each:

Other organizations to which you belong and any offices held:

**Educational Information**

J.D. obtained at: Year:

BA/BS: Advanced Degrees (if applicable):

Other (explain):

**Sponsor**

One current member of HIPAIC who has agreed to sponsor and support your application for membership is:

Name: Phone:

**Other Information**

Provide any other information you would like the Membership Committee to consider:

Position sought (years experience):        Associate (0-6)        Barrister (7-16)        Master of the Bench (17+)

**Please attach your most recent resume.**