

**Bar Association Name**  
**Firm Name**  
**Address**  
**Small Group or Sole Prop**



Member SSN	Last Name	First Name	Middle	Marital Status	DOB	Gender	Date of Hire	Email Address	Job Title	*Salary	Home Address	Benefit Effective Date

*\*Carriers require this information for you to participate in their products*

Please Return Form to: Christine Clapp  
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