

# Kansas Association of Defense Counsel

## Application for Law Student Membership

Mr.  Ms.

Name \_\_\_\_\_

Law School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

\_\_\_\_\_

Expected graduation date \_\_\_\_\_ (Student membership expires 6 mos after graduation)

Future area(s) of practice, if known \_\_\_\_\_

Associations, professional organizations or student law societies to which you belong \_\_\_\_\_

\_\_\_\_\_

Bar associations, professional organizations or law societies to which you belong \_\_\_\_\_

\_\_\_\_\_

Are you a student member of DRI, The Voice of the Defense Bar?  Yes  No

Referred by (name of referring KADC member(s), if applicable) \_\_\_\_\_

\_\_\_\_\_

*I have read the above and hereby make application for individual membership. I am currently registered as a student pursuing a J.D. at the school identified above.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Individual law student membership in KADC – \$20 / yr

This application, together with membership fee, should be mailed to:  
Kansas Association of Defense Counsel,  
825 S. Kansas Ave., Suite 500, Topeka, KS 66612

AMOUNT DUE	PAYMENT METHOD
Total Due \$ 20	<input type="checkbox"/> My check for \$ 20 is enclosed
	<input type="checkbox"/> Please bill me (your membership will be inactive until KADC receives payment).
	<input type="checkbox"/> Please Charge My: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
	Credit Card Number _____ - _____ - _____ - _____
	Expiration Date ____/____

**OPTIONAL:** KADC is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one of the following may best describe them:

African American       Asian American  
 Hispanic                       Native American  
 Caucasian                       Other \_\_\_\_\_

Date of Birth \_\_\_\_\_  
month/day/year