

Attorney Registration Form

(Registration Effective Through December 31, 2008)

Please Print

Name: _____ Supreme Court #: _____

Firm Name: _____

Check box if your contact information has NOT changed. You may review your information in the online Member Directory at www.arkbar.com .

Address: _____

City: _____ State: _____ Zip: _____

Telephone:() _____ Fax: () _____

E-Mail Address : _____ (Optional)

URL (Website) Address: _____
(Only required if linking to your firm's website)

This registration must be mailed to the address below and contain all of the following:

1. This two (2) page registration form, fully completed.
2. **A copy of the Declaration page of your current Professional Liability Insurance Policy which shows compliance with your certification below.**
3. Payment of the registration fee as follows:

a. Membership Fees through Dec. 31, 2005 (includes 7 areas of practice and a link to your firm's website)	\$ _____ \$75.00
b. Additional Areas of Practice @ \$25.00 each	\$ _____
Total Amount Enclosed	\$ _____

Method of Payment:	Check	Visa	Mastercard	AMEX
Card # :	_____	Exp. Date:	_____	
Signature:	_____			
Make check payable to: Arkansas Bar Association, P.O. Box 5130, N. Little Rock, AR. 72119				

CERTIFICATION

I am currently an attorney licensed in Arkansas. I am a current member of the Arkansas Bar Association. I will maintain malpractice insurance in the amount of \$100,000 per occurrence and \$300,000 annual coverage as long as I am a participant in the arkansasfindalawyer.com directory. I agree that I will comply with the Arkansas Model Rules of Professional Conduct, including therein the lawyer advertising requirements and the level of competence needed for the areas of practice selected.

Signed: _____ Date: _____

AREAS OF PRACTICE

Name: _____

Supreme Court #: _____

Check box if you want your current areas of practice to remain the same.

OR Check each area under which you want to be listed in the arkansasfindalawyer.com Directory. You receive seven (7) areas of practice listings as part of the \$75.00 registration fee. For each additional area of practice listing above seven (7), the cost is \$25.00.

- | | |
|---|---|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Environmental Law |
| <input type="checkbox"/> Admiralty and Maritime Law | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> General Practice |
| <input type="checkbox"/> Agricultural Law | <input type="checkbox"/> Health Law |
| <input type="checkbox"/> Antitrust and Trade Regulation | <input type="checkbox"/> Immigration and Naturalization |
| <input type="checkbox"/> Appellate Practice | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> International Law |
| <input type="checkbox"/> Aviation Law | <input type="checkbox"/> Juvenile Law |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Banks and Banking | <input type="checkbox"/> Litigation - Civil |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Medicare and Medicaid |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Patents |
| <input type="checkbox"/> Commercial Law | <input type="checkbox"/> Pensions and Profit Sharing |
| <input type="checkbox"/> Computer Law | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Constitutional Law | <input type="checkbox"/> Privacy Law |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Probate and Estate Planning |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Securities Law |
| <input type="checkbox"/> Debtor and Creditor | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Disability Law | <input type="checkbox"/> State and Local Government |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Tax Law |
| <input type="checkbox"/> Education Law | <input type="checkbox"/> Torts |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Veterans Law |
| <input type="checkbox"/> Election Law | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Employment Law | |



Number of Areas of Practice over (7) _____

Additional Areas of Practice @ \$25 each _____

This amount to be entered on line 3.b on page 1 of this form