# LINN-BENTON BAR ASSOCIATION MEMBERSHIP <br> 2024 

MEMBER INFORMATION:

Full Name $\qquad$
OSB \# $\qquad$
Firm $\qquad$
Business Address $\qquad$
City $\qquad$ State $\qquad$ Zip Code $\qquad$
Day Phone $\qquad$ Fax $\qquad$
Email $\qquad$
Website $\qquad$ Please exclude my email address from the LBBA's online directory. Please exclude my contact information from the LBBA's online directory. Please exclude my practice areas from the LBBA's online directory.

AREAS OF PRACTICE: (please check all that apply)


## PAYMENT INFORMATION:

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[^0]:    - Please mail this form along with your payment to: P.O. Box 2898, Corvallis, OR 97339.
    - Please make checks payable to the Linn-Benton Bar Association.
    - Membership dues will be used for providing members with low cost CLEs and social events.
    - If you have questions please contact Shallon Halttunen at 541-926-2255 or email shallon@wtlegal.com

