

Association of Retired Attorneys of Sarasota, Inc.

Membership Application

Spouse or Other _____

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____ Cell: _____

Undergraduate College(s) _____

Law School(s) _____

Jurisdiction(s) Admitted: _____

Area of Practice: _____

Career Highlights: _____

Professional Honors: _____

Annual dues: \$65

Make checks payable to: Association of Retired Attorneys

Please return by email to bib1946@aol.com or mail to address below:

Association of Retired Attorneys

Benjamin I. Berman, Treasurer

4223 MacKay Falls Terrace

Sarasota, FL 34243