

ATTORNEY MEMBER APPLICATION FORM

APPLYING AS ATTORNEY MEMBER APPLYING AS LOCAL COUNSEL (NON-VOTING)			
FIRM NAME:		PHONE:	
WEB SITE:		FAX:	
NUMBER OF ATTORNEYS IN FIRM:		APPLYING ATTORNEY NAME:	
FULL ADDRESS:		APPLYING ATTORNEY EMA	vIL:
Attorneys in your firm that would participate in MCBI (atta	ach additional shee	ets as necessary):	
NAME	EMAIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MO BAR #
HOW DID YOU HEAR OF MCBI?			
MCBI PLEDGE commit to: (1) be & remain an attorney active in good suphold & pursue creditors' rights; (3) refrain from representaters adverse to fellow MCBI members; (4) follow the Conduct and Ethics; (5) treat all people with fairness & rethical business & legal practices, in compliance with all	enting consumers i rules & regulations espect, consistent	n matters contrary to the good of MCBI, including the Byla with the dignity inherent in a	als & purposes of MCBI or in ws & Code of Professional
APPLICANT PRINTED NAME	APPLICAN [*]	T SIGNATURE	DATE

DUES & PAYMENT

<u>2018-2019 Attorney members</u>: First attorney \$500; each additional attorney in the firm that practices collections/creditors' rights in any state adds \$300, up to a maximum of \$1,500 per year. Local counsel: \$250 each year.

CHECK OR MONEY ORDER: PAYABLE TO "MCBI" & PUT "Membership Application" IN THE MEMO; MAIL TO "MCBI Membership c/o Scott Walterbach, 3000 NE Brooktree Lane, Suite 100, Kansas City MO 64119".

Membership generally renews each fall (Aug-Sept-Oct), prior to the legislative session pre-filing in December.

SUBMIT THIS FORM

Scan & email to <u>info@mcbi.co</u>; or fax to Scott Walterbach at (816) 436-2574; or mail to "MCBI Membership c/o Scott Walterbach, 3000 NE Brooktree Lane, Suite 100, Kansas City MO 64119".

We look forward to reviewing your application and welcoming you as a new member.