



Judge Advocates Association

Dedicated to the Practitioners of Military and Veterans Law and the Clients They Serve

Membership Application

(PLEASE TYPE OR PRINT ALL INFORMATION)

Name _____ Rank _____ Service _____

Office _____

Address _____

Home _____

Address _____

I prefer that my ☐ Office ☐ Home Address be used for all correspondence.

Phone: Office _____ Home _____

FAX _____ e-mail _____

Check here ☐ if you would like to be added to JAA e-mail list to receive news and information on upcoming events.

REGULAR MEMBER ANNUAL DUES

- ☐ \$50 Senior Member (more than 4 years service)
- ☐ \$30 Junior Member (less than 4 years service)
- ☐ \$30 Associate Member
- ☐ \$20 Law Student

LIFE MEMBERSHIP

- ☐ \$500 under 45 years of age
- ☐ \$350 over 45 years of age

I am a member in good standing of the Bar of the State(s) of _____ and

[select those items that apply:]

- ☐ A current/former member of the U.S. Armed Forces: Rank _____ Service _____ (Reg, Res, Ret, Guard)
- ☐ A civilian attorney employed by the: ☐ U.S. Armed Forces or ☐ U.S. Department of Veterans Affairs
- ☐ A member of the Bar of the U.S. Court of Appeals for the Armed Forces
- ☐ An attorney without military service that practices in an area of law related to the military or veterans
- ☐ Enrolled in an accredited law school and anticipate being admitted to the bar & eligible for regular membership
- ☐ A military/civilian non-lawyer serving in the military/veterans legal profession [Associate Member]
- ☐ A member of: ☐ American Bar Association ☐ Federal Bar Association ☐ other _____
- ☐ I would like to be included in the JAA Directory
- ☐ I would like to serve on: ☐ a committee (specifically _____) ☐ the Board of Directors
- ☐ I would like to write an article for *The Military Advocate*

Areas of practice I prefer are: (1) _____

(2) _____

(3) _____

Payment of \$ _____ by: ☐ check ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover
(The charge on your credit card statement will show up as the National Criminal Justice Association or NCJA.)

Card # _____ Expiration Date _____

Signature _____ Date _____

Mail or fax (credit card payments only) this application to:

Judge Advocates Association

720 Seventh Street, NW, 3rd Floor

Washington, DC 20001-3716

FAX: 202-628-0080

For more information about the JAA, go online to <http://www.jaa.org/>.