



**For Law Students that are  
Members of  
Ingham County Bar Association**

**Case Evaluation Exposure**

**Complete attached form: *(Please Print)***

Date \_\_\_\_\_

Name \_\_\_\_\_

Law School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Case Evaluation Preference. (Please check your preference)

Tort       Commercial       Discrimination/Labor

Membership:

I am a member of ICBA

I am not currently a member of ICBA but would like to join, please send Membership  
Application

Please return this form to:

**ICBA, P.O. Box 66, Grand Ledge MI. 48837 / Fax: 517-627-3950 / e-mail to  
[mlawry@inghambar.org](mailto:mlawry@inghambar.org)**

**Call: 517-627-3938 with questions**

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