

Hellenic Bar Association of Michigan
2020 Membership Form

Name: _____

Practice Number: _____

Position/Firm: _____

Preferred Email Address: _____

Preferred Address: _____

County of Practice (County which Firm/Practice is Based in): _____

Phone Number: _____ (___ cell) (___ work)

State Bar of Michigan Practice Section Membership:

Membership:

___ Member (\$50)

___ Student (\$0)

___ Judge (\$0)

Please mail this form and a check for the dues made out to
"Hellenic Bar Association of Michigan" to:

Kristina Bilowus
KizyLaw
29600 Northwestern Hwy
Suite 106
Southfield, MI 48034