



ILLINOIS ASSOCIATION OF HEALTHCARE ATTORNEYS

1151 East Warrenville Road
P.O. Box 3015
Naperville, Illinois 60566
630/276-5400

APPLICATION FOR NONVOTING STUDENT MEMBERSHIP

(Please print clearly)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

College/Law School: _____

Expected Graduation Date: LL.M. _____ J.D. _____ Undergrad Degree _____

Signature: _____

Date: _____

Undergraduates and law students (JD candidates and full time LLM candidates) may join IAHA as Nonvoting Student Members. Nonvoting annual student membership dues are **\$25.00**. Please make your check payable to the **Illinois Association of Healthcare Attorneys (IAHA)**.