



## **MOUND CITY BAR ASSOCIATION** **APPLICATION FOR LETTER OF SUPPORT**

**MAIL ALL COMPLETED APPLICATIONS AND RELATED MATERIALS TO:**

MOUND CITY BAR ASSOCIATION  
C/O COMMUNITY AFFAIRS COMMITTEE  
P.O. BOX 1543  
ST. LOUIS, MO 63188

- 1. NAME: (PRINT):** \_\_\_\_\_  
LOCAL ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
LOCAL PHONE NO: (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

Position Sought: \_\_\_\_\_

**2. CURRENT EMPLOYMENT INFORMATION**

Name of Current Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Significant Accomplishments/Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. BAR ADMISSIONS:**

**Please attach a Certificate of Good Standing from all of the Jurisdictions where you are admitted to practice.**

**4. ACADEMIC INFORMATION:**

NAME OF LAW SCHOOL:

\_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

UNDERGRADUATE AND GRADUATE STUDY: (LIST SCHOOL, FIELD OF EMPHASIS OR DEGREE RECEIVED AND YEARS ATTENDED)

\_\_\_\_\_

\_\_\_\_\_

**5. COMMUNITY SERVICE/LEADERSHIP:**

LIST OF MEMBERSHIPS, RESPONSIBILITIES AND CONTRIBUTIONS IN ORGANIZATIONS AND GROUPS:  
(YOU MAY LIST AS MANY AS YOU WISH. USE ADDITIONAL PAGES IF MORE THAN THREE ARE LISTED.)

(1) ORGANIZATION NAME: \_\_\_\_\_

MISSION OF ORG.: \_\_\_\_\_

TITLE IN ORG.: \_\_\_\_\_

(i.e. secretary, member)

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) ORGANIZATION NAME: \_\_\_\_\_

MISSION OF ORG.: \_\_\_\_\_

TITLE IN ORG. \_\_\_\_\_

(i.e. secretary, member)

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) ORGANIZATION NAME: \_\_\_\_\_

MISSION OF ORG.: \_\_\_\_\_

TITLE IN ORG. \_\_\_\_\_

(i.e. secretary, member)

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. LIST OF REFERENCES: (YOU MAY LIST AS MANY AS YOU WISH. USE ADDITIONAL PAGES IF MORE THAN THREE ARE LISTED.)

A LETTER OF REFERENCE FROM A MOUND CITY BAR ASSOCIATION MEMBER MUST ACCOMPANY THIS APPLICATION

(A) MCBA	(B) COMMUNITY	(C) COMMUNITY
_____	_____	_____
NAME	NAME	NAME
_____	_____	_____
ADDRESS	ADDRESS	ADDRESS
_____	_____	_____
CITY/STATE/ZIP	CITY/STATE/ZIP	CITY/STATE/ZIP

7. ATTACH A CURRENT RESUME AND A STATEMENT NO LONGER THAN 2 PAGES STATING HOW YOU HAVE UPHELD THE MISSION OF THE MOUND CITY BAR ASSOCIATION IN YOUR PROFESSIONAL CAREER.
8. PLEASE ATTACH A LETTER REQUESTING SUPPORT FOR YOUR NOMINATION OR APPOINTMENT ADDRESSED TO THE MEMBERS OF THE MOUND CITY BAR ASSOCIATION.
9. Have you ever been a dues paid member or officer of the Mound City Bar Association? If so, please briefly describe your service to the Mound City Bar Association, including dates and positions held.

**CERTIFICATION**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO MY BEST KNOWLEDGE AND BELIEF.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_