

**PROPOSED MEMBER INFORMATION**

**Name:**

**Employer Name, Address & Phone Number:**

**E-mail Address:**

**Law School Attended & Graduation Date:**

**Prior Employment History:**

**Signature:** \_\_\_\_\_

**By signing, the proposed member certifies that he or she is admitted to practice law in the State of Iowa and lives or works in Linn County.**

**NOMINATING MEMBER INFORMATION**

**Name:**

**Employer Name, Address & Phone Number:**

**Employer Address & Phone Number:**

**E-mail Address:**

**Signature:**

**Please return to:**

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