INDIANA CREDITORS BAR ASSOCIATION

Application for Membership

Applicant's Name: _____

Attorney No. _____ County of Primary Practice: _____

Residence Address: _____

_____

Firm Name: _____

Firm Address: _____

_____

Phone No.: _____ E-Mail: _____

Counties Serviced: _____

Percentage of Practice Related to Collection and Creditor Rights: _____

Areas of Practice Related to Collection and Creditor Rights: _____

_____

Areas of Practice (*check all applicable*): Consumer Collections _____ Bankruptcy _____
Foreclosure _____ Commercial Collections _____ Subrogation _____
Other _____

Do you bring legal actions or threats of legal actions against creditor's attorneys for Fair Debt Collection Practices Act violations or Fair Credit Reporting Act violations? Yes _____ No _____
If so, how many have you handled on behalf of a debtor in the last ten (10) years _____

Application Fee of $250.00 per application must be submitted with your signed application

If accepted into membership, the undersigned agrees to abide by the by-laws and rules of the Indiana Creditors Bar Association.

Signed: _____ Dated: _____

Your application for admission to membership will be voted upon at the next meeting of the ICBA. You will be notified in writing following the meeting.