

# TER LOWNET

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Please type or print:

FULL NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

AREA CODE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

URL: \_\_\_\_\_

GRADUATE CHAPTER: \_\_\_\_\_

LAW SCHOOL: \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

BARS ADMITTED TO: \_\_\_\_\_

LIST UP TO 5 REFERRAL AREAS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

THIS IS A  NEW  UPDATED LISTING

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DO NOT WRITE BELOW THIS LINE

Admitted to TER: \_\_\_\_\_

In Good Standing?  Yes  No Reason: \_\_\_\_\_

Eligible for Lownet?  Yes  No Reason: \_\_\_\_\_

Dated Record Added: \_\_\_\_\_