

**APPLICATION FOR MEMBERSHIP  
SOLE PRACTITIONER**

TERM: OCTOBER 1 – SEPTEMBER 30

MEMBERSHIP DEPARTMENT: (617) 226-1530

Date: \_\_\_\_\_

**PLEASE TELL US ABOUT YOURSELF:**

Where did you hear about the Library? \_\_\_\_\_

Reason for joining the Library? \_\_\_\_\_

Practice Areas? \_\_\_\_\_

Law School Attended: \_\_\_\_\_

**COMPLETE THE FOLLOWING:**

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

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PLEASE CHOOSE A USERNAME AND PASSWORD FOR ACCESSING THE MEMBERSHIP DATABASES:**

USERNAME: \_\_\_\_\_ PASSWORD (at least 6 characters): \_\_\_\_\_

CHOOSE CATEGORY:  PROPRIETOR (Borrowing Privileges, one-time \$50 fee applies)  SUBSCRIBER (No Borrowing Privileges)

**ONE PARALEGAL OR CLERK is allowed at no extra charge:**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

USERNAME: \_\_\_\_\_ PASSWORD (at least 6 characters): \_\_\_\_\_

**CHOOSE PAYMENT OPTIONS (check one)**

Complete and print form then remit by mail with your check

Charge to my credit card:  Visa  MC  AMEX Amount: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder's Name (Please Print): \_\_\_\_\_ Security Code\* \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

\* Visa and MasterCard: The security number is that last 3-digits of the number shown in the signature space on the back of your card. American Express: The security number is the 4-digit number above and to the right of your credit card number on the front of your card.

Print out this application and mail it to:

**Social Law Library, John Adams Courthouse, One Pemberton Sq., Suite 4100, Boston, MA 02108-1792**  
or FAX it to: (617) 523- 2458.

If you have any questions, please call (617) 226-1530.