



# Shemer Bar Review™ Student Associate Application

Please read and complete this application carefully and return it to Shemer Bar Review by mail or fax.

## Step 1: Provide Registration Information (please type or print legibly)

Full Name (Last, First, Middle Initial): Mr./Ms. \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Law School: \_\_\_\_\_ Date of Anticipated Graduation: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Day or Evening Student: \_\_\_\_\_

## Step 2: Please Answer the Following Questions

Please list your law school activities, such as organizations, offices held, awards, etc. or anything else you would like us to consider (use back if necessary):

I would like to be a Student Associate because (use back if necessary):

## Step 3: Sign It & Send It In (please keep a copy for your records)

The above information is true and accurate to the best of my knowledge.

**Associate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_