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MEMBER NAME:			
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DATE OF ADMISSION TO PRACTICE LAW:		SIZE OF FIRM:	
GENDER:	MALE	FEMALE	
PRACTICE AREAS:			
<p><i>I hereby apply for membership in the American Counsel Association and certify I am duly licensed, and the above is true and correct. I agree to abide by the By-laws of the Association (see: www.americancounsel.org) and to observe all rules and regulations promulgated by the ACA. I understand that by providing my e-dress and fax that I am consenting to receive e-mails and faxes sent on behalf of the ACA.</i></p>			
SIGNATURE			DATE
PLEASE SEND YOUR COMPLETED APPLICATION TO:		MICHELLE CALKINS MILLER, TURETSKY, RULE & MCLENNAN 3770 RIDGE PIKE COLLEGEVILLE, PA 19426 MCALKINS@MILLERTURETSKY.COM	