



YOUNG LAWYERS DIVISION AFFILIATE ENROLLMENT FORM  
For LAW STUDENTS

Young Lawyers Division  
State Bar of Arizona  
4201 N 24<sup>th</sup> Street, Suite 100  
Phoenix, AZ 85016

**Name:**

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**Phone:**

\_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Email:**

\_\_\_\_\_

**City:**

\_\_\_\_\_

**School:**

Arizona State University  
University of Arizona  
Arizona Summit Law

**State:**

\_\_\_\_\_

Other:

**Zip:**

\_\_\_\_\_

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Graduation year: \_\_\_\_\_

Once completed, please **scan and email** back to [Dixie.Fuller@staff.azbar.org](mailto:Dixie.Fuller@staff.azbar.org)

For questions or assistance, please contact Dixie Fuller at [Dixie.Fuller@staff.azbar.org](mailto:Dixie.Fuller@staff.azbar.org)

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