



FORM A. APPLICANT GENERAL INFORMATION*
(Please print or type)

Name: _____

Mr. Ms. Mrs. _____

Employer: _____

Preference for receiving mailings from Paralegal Division: Office Home

Office Address: _____

Office Phone: _____ Office Fax: _____

**E-mail: _____ Birth date: _____
mm/dd/

Home Address: _____

Home Phone: _____

E-mail (optional): _____

Practice Area(s): _____

*The name, business address, business fax and telephone, and practice area information may be published in a membership directory. The remaining information will be confidential.

** Please keep all my information private; e.g., do not post my e-mail address on the Utah Bar Online Membership Directory.