



Directory Form
-Attorney-

Name: _____

Firm/Organization: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Areas of Practice: _____

Year admitted to Nebraska State Bar Association: _____

Other Bar Association memberships: _____

Other Professional Certifications:

Would you like to submit an electronic picture for the directory?

- Yes
- No

Return to the Nebraska State Bar Association via fax (402-475-7098), email (Lneeley@nebar.com), or mail: 635 S. 14th Street, Lincoln NE 68508



Directory Form

-Firm, Corporation, Organization-

Contact Name: _____

Firm/Organization: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Areas of Practice: _____

Interested in (check all that apply):

- Placing Conflict of Interest Work
- Potential Hires
- Retaining Legal Services
- Joint Ventures/Co-Counsel Relationships
- Other _____

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