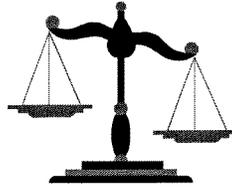


U.S. Court of Federal Claims Bar Association



2004 MEMBERSHIP APPLICATION

Name _____
Firm or Agency _____
Address _____
City, State, Zip _____
check if new address
E-mail Address _____

Membership Dues Rates (please check appropriate box):

Attorney in Private Practice	<input type="checkbox"/> \$60 for 1 year or <input type="checkbox"/> \$110 for 2 years
Attorney in Private Practice newly admitted to the practice of law after January 1, 2001	<input type="checkbox"/> \$45
Government Agency Attorney	<input type="checkbox"/> \$45 for 1 year or <input type="checkbox"/> \$80 for 2 years
Government Agency Attorney newly admitted to the practice of law after January 1, 2001	<input type="checkbox"/> \$30
Law Clerk	<input type="checkbox"/> \$15

Please make check payable to:

“U.S. Court of Federal Claims Bar Association”

** Please do not staple check to form **

Mail check and this completed form to:

U.S. Court of Federal Claims Bar Association
c/o Lewis S. Wiener
Sutherland Asbill & Brennan LLP
1275 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

Tax ID #54-1433072