Please print

Member’s Name: _____________________________________________

Law Firm Affiliation:___________________________________________________________

Telephone:__________________________________________________________________

Reason(s) for dropping membership:______________________________________________
___________________________________________________________________________
___________________________________________________________________________

What were the positive aspects of your MSBA membership?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What were the negative (if any) aspects of your MSBA membership?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please share any suggestions for programs, services or other activities that the MSBA should offer.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

If these were offered, would you continue to maintain your membership? ___ Yes ___ No

Any other general comments:_____________________________________________________
____________________________________________________________________________
____________________________________________________________________________

We would very much appreciate your sending this to: Maine State Bar Association, P.O. Box 788, Augusta, ME 04332-0788, faxing to (207) 623-0083, or emailing to info@mainebar.org. Thank you!