

Tennessee Bar Foundation  
Participant Member Enrollment Form

Name: \_\_\_\_\_ BPR No. \_\_\_\_\_

Firm/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(Communication may be by email. Please provide current address.)*

IOLTA account located at \_\_\_\_\_ bank

IOLTA account name: \_\_\_\_\_

IOLTA account number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return:

Mail: Tennessee Bar Foundation  
618 Church Street, Suite 120  
Nashville, TN 37219-2456

Fax: (615) 255-0306

Email: [bb@tnbarfoundation.org](mailto:bb@tnbarfoundation.org)