MEMBERSHIP APPLICATION

Please Print or Type

NAME_____
LAST First Middle

Employer_____

Business Address _____

Suite No. _____

City/State/Zip _____

Business Telephone ( ) _____

Facsimile No.: ( ) _____

Email: _____

Home Address _____
City/State/Zip _____
Home Phone or Cell _____

Law School Attended: _____
Year Graduated: _____
Admission to NY BAR: Date_____
Dept._____

Are you a member in good standing admitted to practice law in N.Y. S.?_____

_____
Signature of Applicant Date

ANNUAL MEMBERSHIP DUES CHARGES

□Student member……$ 15.00
□Admitted less than 1 year……Exempt
□Admitted 1 - 5 years .....$ 90.00
□Associate Member (Non-NYS Attorneys) .....$ 90.00
□Public Service Employees.....$ 90.00
□Admitted 5 or more years…….....$175.00

RETURN COMPLETED MEMBERSHIP APPLICATION WITH DUES TO:

Bronx County Bar Association
851 Grand Concourse, Room 124
Bronx, New York 10451
718-293-2227