



# ST. LAWRENCE COUNTY BAR ASSOCIATION, INC.

## APPLICATION FOR MEMBERSHIP

THE UNDERSIGNED, BELIEVED TO BE ELIGIBLE, HEREBY APPLIES FOR MEMBERSHIP IN THE ST. LAWRENCE COUNTY BAR ASSOCIATION, INC. AND, IF ACCEPTED, AGREES TO CONFORM TO ITS CONSTITUTION, BYLAWS AND TO SUCH RULES/REGULATIONS AS MAY BE PRESCRIBED BY THE ASSOCIATION.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUS. TEL. # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MEMBER OF BAR(S) OF \_\_\_\_\_

(STATES) (DATE[S] ADMITTED)  
(PLEASE ATTACH CERTIFICATE FROM APPELLATE DIVISION SHOWING ADMISSION)

FULL-TIME PRACTICING ATTORNEY? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN SUSPENDED, CENSURED OR SUBJECTED TO DISCIPLINED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, PLEASE EXPLAIN \_\_\_\_\_

EDUCATIONAL BACKGROUND (INSTITUTIONS, DEGREES, DATES GRANTED)

\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL ORGANIZATIONS IN WHICH APPLICANT IS A MEMBER IN GOOD STANDING.

\_\_\_\_\_  
\_\_\_\_\_

OTHER PERTINENT INFORMATION WITH RESPECT TO OFFICES HELD, PAPERS PUBLISHED, ETC.

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Sponsor's Signature (Must be Voting Member of the Association)

APPLICATION MUST BE ACCOMPANIED BY A CHECK COVERING ANNUAL DUES IN THE AMOUNT OF \$60 FOR ATTORNEYS ADMITTED TEN OR MORE YEARS OR \$50 DOLLARS FOR THOSE ADMITTED LESS THAN TEN YEARS.