

WASHINGTON COUNTY BAR ASSOCIATION

119 South College Street, Washington, Pennsylvania 15301
Phone 724.225.6710. Fax 724.225.8345. Email wcba@washcobar.org

Application for Membership

Please check one of the following:

- Application for **Regular** Membership (Applicant maintains principal office for the practice of law in Washington County. Dues for members in private practice include dues for the Pennsylvania Bar Association).
- Application for **Associate** membership (Applicant does not maintain principal office for the practice of law in Washington County. Associate members are entitled to all rights and privileges of regular membership except the right to vote, hold office and as otherwise limited by the Executive Committee).

Full Name _____

Primary Office Mailing Address _____

County _____ Firm _____

Office Phone # _____ Office Fax # _____

E-Mail Address _____

- The Association may from time to time grant exclusive or nonexclusive endorsement of products or services designed and intended for the beneficial use of members. These agreements may involve the release of a limited amount of membership contact information (only the information you have listed above). If you are admitted to the Association and you do not want to receive information about such offers from the service or product providers, please "opt out" by checking this box.

Secondary Office(s) located in the following city/area: _____

Admitted to the PA Supreme Court on the _____ day of _____ (month), _____ (year)

Attorney Identification Number assigned by the Supreme Court of Pennsylvania _____

Are you a presently a member of the Bar of the Supreme Court of PA in good standing? Yes No

Also admitted to practice in the following states _____ Date(s) _____

How many years have you engaged in the practice of law (from first date of admission to any Bar)? _____

Undergraduate University _____ Degree _____ Grad. Year _____

Graduate/Law School _____ Degree _____ Grad. Year _____

The following is for use by the Association office ONLY and is not released to any other entity or individual for any reason.

Home Mailing Address _____

Home Phone # _____

Year of Birth _____ Place of Birth _____ US Citizen? (y/n) _____

Marital Status _____ Spouse's Name _____

Are you currently on active or reserve duty with a branch of the military service? (y/n) _____

(over...)

THE WASHINGTON COUNTY BAR ASSOCIATION

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Have you previously applied for membership in this Association? (y/n)_____ If yes, when?_____

Please list your involvement with other organized Bars on the local, state or national level (include membership status, committees, chairmanships, officerships, etc.) Please indicate "current" or "past." Attach separate sheet if necessary.

If admitted to membership, please circle the Bar Association committee(s) to which you would like to be appointed:

- | | | |
|----------------------------|---------------------------|--------------------------------|
| Bench and Bar | Fee Disputes | ADR/Mediation |
| Budget | Law Library | Pro Bono |
| Bylaws | Lawyer Referral Service | Program & CLE |
| Civil Court Rules | Legal Biography & History | Public Office & Records |
| Civil Rights | Legal Journal Operation | Public Education/Relations |
| Continuing Legal Education | Legislative | Special Professional Awareness |
| Ethics | Long Range Planning | Unauthorized Practice of Law |

I PLEDGE to support the By-Laws of the Washington County Bar Association and to be governed in the practice of the law by such principles and rules of ethics as may be adopted by the Association and the Supreme Court of Pennsylvania.

Date Applicant's Signature

We, the undersigned, Association members in good standing, know the above applicant personally and do certify that he/she is of good moral character and duly qualified for membership in this Association, and move for his/her admission. Note: this section MUST be signed by three current members of the Association before the application will be sent to the Executive Committee for approval. Once approved, the application will then be brought before the full membership for a vote; you must be present at the time the application is voted upon to be admitted to membership.

Name (please print) Signature

Name (please print) Signature

Name (please print) Signature

The following section is for administrative use:
Approved by the Executive Committee this _____ day of _____ (month), _____ (year)

Secretary

Date admitted to the Association _____
Application revised and approved by Executive Committee, 7/9/2003.