

WASHINGTON COUNTY BAR ASSOCIATION

119 South College St., Washington, PA 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's residence or principal office for the practice of law is in Washington County. Dues for Regular Members in private practice include Pennsylvania Bar Association dues).
- Application for **Associate** membership (Principal office for the practice of law or residence is not in Washington County.)

Full Name _____ PA Supreme Court ID Number _____

Primary Office Address (street, city, state, zip) _____

County _____ Firm _____

Office Phone # _____ Office Fax # _____

E-Mail Address _____

Secondary Office(s) Address (if any): _____

PA Supreme Court Admission Date (month/date/year): _____ Current member of the PBA? (y/n) _____

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

Other states to which you are admitted & Admission Dates (state/year): _____

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 Address _____ Home Phone # _____

Birthdate _____ Marital Status _____ Spouse's Name _____

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Court Relations | <input type="checkbox"/> Legacy & Conservatorship | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Fee Disputes | <input type="checkbox"/> Member Relations | <input type="checkbox"/> Public Office & Records |
| <input type="checkbox"/> Finance & Administration | <input type="checkbox"/> Pro Bono & Lawyer Referral Services | <input type="checkbox"/> Public Relations & Services |

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. *Signatures of three current members must be secured before submitting the application for consideration.*

Name (please print)

Signature

Name (please print)

Signature

Name (please print)

Signature

Date Admitted to WCBA: _____ Date Admission Published: _____