

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:

- Regular** membership -- Applicant's residence or principal office for the practice of law is in Washington County
- Associate** membership -- Principal office for the practice of law or residence is not in Washington County
- Law Student** membership -- Law Student in good standing at an accredited law school in PA or who is a PA resident

Full Name _____ PA Supreme Ct ID # _____

First name as you prefer to be addressed _____ Date Admitted to PA Practice _____

Primary Office Mailing Address _____

Law students please provide campus mailing address and contact information.

Office is in County _____ Firm _____

Office Phone #(s) _____ Office Fax # _____

Primary E-Mail Address _____ Secondary E-Mail _____

Secondary Office Address _____

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

Undergraduate University _____ Degree _____ Grad. Year _____

Graduate/Law School _____ Degree _____ Grad. Year _____

Law student applicants, please indicate date you expect to receive your law degree: Month: _____ 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 Str/Cty/Zip _____ Cell Phone # _____

Birthdate _____ Marital Status _____ Spouse's Name _____

Birthdate used to calculate YLD eligibility

Please list your membership in other organized Bars on the local, state or national level (include membership status, committees, 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 |

Sign & Date application, and thereby PLEDGE, if admitted, to follow the Bylaws of the Washington County Bar Association and be governed in the practice of the law by such principles and rules of ethics as may be adopted by WCBA and the PA Supreme Court.

Applicant's Signature _____

Date Signed _____

Applications are reviewed by the WCBA Board of Directors each month; applicants will be notified of status. Law student members will be transitioned to active membership when WCBA is notified of PA Supreme Court ID # and updated contact information.

Date Admitted to WCBA: _____ Date Admission Published: _____