

Dear Fellow Attorney:

Annual membership dues are due each year by May 31st, at the following rates:

Admitted 5 years or less \$ 75.00
Admitted more than 5 years \$150.00

Please complete and return the enclosed application, together with payment to:

Warren County Bar Association, Inc,
16 Maple Street, Suite 3
Glens Falls, NY 12801

For questions or further information, please contact the WCBA Executive Director, Kathy Macura at (518) 792-9239

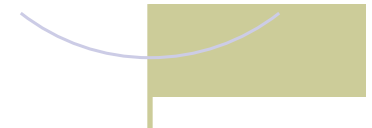
Warren County Bar Association

16 Maple St., Suite 3
Glens Falls, NY 12801
Office (518) 792-9239
Fax (518) 792-3183

Contact email address:
wcbany@verizon.net



*Warren County
Bar Association, Inc.*



Application for
Membership

WCBA Membership Application

New Member Renewal— no changes from previous renewal Renewal — with changes ♦ Please provide more information on: WCBA Committees

Enrollment Information

Name _____

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

The above address is my Home Office Both

Additional address, if any.

Address _____

City _____ State _____ Zip _____

The above address is my Home Office Both

Office Phone () _____

Home Phone () _____

Fax Number () _____

Email Address _____

Date of Birth ____ / ____ / ____

Law School _____ Date admitted to NYS Bar _____

Enrollment Information (c o n t)

Other languages spoken N/A _____

Also admitted to practice in N/A _____

Membership information is released on an annual basis to all members of the WCBA either in PDF file format or by paper copy. Please note any restrictions on the release of such information below:

_____ Release all ***business**** information

_____ Do not release the following ***business**** information:

_____ Name	_____ Firm
_____ Address	_____ Phone & Fax Numbers
_____ Email Address	_____ Date of Admission
_____ Lawyer Referral Participation	

* Personal information will not be released in the membership database.

.....I have never been disbarred or suspended, convicted of a crime or.....
disciplined for any actions that would reflect adversely upon my good
standings as a member of the New York State Bar.

I agree to abide by the by-laws of the Warren County Bar Association, Inc., to serve upon the committees to which I am appointed, and to carry out all responsibilities required as a member of the Association.

I acknowledge that all information given is true to the best of my knowledge and belief and that false information intentionally supplied may be grounds for my expulsion from the Association. In witness of the application I have signed my name below.

Signature of Applicant / Date

Print Name
