

WCBA NEW MEMBER APPLICATION 2022

NAME _____

BUSINESS INFORMATION

*FIRM/ORGANIZATION _____

*BUSINESS/ADDRESS _____

*CITY _____ STATE _____ ZIP CODE _____

*BUSINESS PHONE: () _____

*EMAIL ADDRESS: _____

PERSONAL INFORMATION

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE: () _____

DATE OF BIRTH (Month & Day) _____ / _____

LAW SCHOOL _____

YEAR ADMITTED TO BAR _____

OTHER LANGUAGES SPOKEN _____

ALSO ADMITTED TO PRACTICE IN _____

A membership roster is updated on an annual basis, and some BUSINESS information is posted on the WCBA website. Please note any restrictions on the release of such information below:

_____ Release all BUSINESS* information

_____ Do NOT release the following business information:

- YOUR NAME
- FIRM'S ADDRESS
- FIRM
- EMAIL ADDRESS
- BUSINESS PHONE

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

_____ I agree to abide by the by-laws of the WCBA, 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.

(OVER)

Signature of Applicant _____
Print Name _____
Signature of Sponsor _____
Print Name _____
Date _____

Please fill this out completely and send to WCBA, PO Box # 3488, 16 Maple Street, Glens Falls, NY 12801. Attention: Kate Fowler with a check made out the WCBA (\$100.00 for attorneys admitted to the bar 5 years or less; \$175.00 for attorneys admitted more than 5 years).

Thank you!