

# WCBA NEW MEMBER APPLICATION 2024-2025

## BUSINESS INFORMATION

NAME \_\_\_\_\_

\*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, 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!