WCBA NEW MEMBER APPLICATION 2026-2027

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 my 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!