

# WCBA Membership Application

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

Name \_\_\_\_\_ Other languages spoken  N/A \_\_\_\_\_  
 Firm/Organization \_\_\_\_\_ Also admitted to practice in  N/A \_\_\_\_\_

Address \_\_\_\_\_  
 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:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 The above address is my  Home  Office  Both  
 Additional address, if any.  
 Address \_\_\_\_\_  
 \_\_\_\_\_ 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 \_\_\_\_\_ Signature of Sponsor / Date \* \_\_\_\_\_  
 Print Name \_\_\_\_\_ Print Name (\* new applicant only) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Law School \_\_\_\_\_ Date admitted to NYS Bar \_\_\_\_\_