

The Bar Association of Lehigh County, Pa. APPLICATION FOR MEMBERSHIP

To the members of The Bar Association of Lehigh County:

I, the undersigned, do hereby make application for membership in the said Bar Association and do submit the following information:

Name: _____ Supreme Court I.D. # _____

Associates or Firm Name: _____

Office Address: _____

Office Telephone: _____ FAX: _____ E-mail: _____

Home Address: _____

Home Telephone: _____

Date of Birth: _____ Place of Birth: _____

Spouse Name: _____ Date of Marriage: _____

EDUCATION:

High School: _____ Graduation Date: _____

College: _____ Degree: _____ Date: _____

Law School: _____ Degree: _____ Date: _____

Other: _____ Degree: _____ Date: _____

ADMISSION to BAR:

Admitted to Pennsylvania State Bar (Date): _____

Admitted to Lehigh County Bar (Date): _____

Other (Include Names and Dates Admitted): _____

PUBLIC OFFICE (Indicate dates held): _____

OTHER Positions of Honor or Trust (Particularly Law School, Civic & Bar Association Activities):

MILITARY SERVICE (Dates & highest rank):

CITATIONS, MEDALS, SPECIAL AWARDS:

By submitting this application, I do hereby affirm my willingness to abide by the Constitution and By-laws of the Bar Association of Lehigh County.

I consent to receive fax and other electronic communications sent by the Bar Association of Lehigh County and its offices at the numbers/addresses indicated.

Date: _____

(Applicant's Signature)

(Please submit a photograph with application or forward such to the Bar Association offices as soon as possible.)

This application, having been duly submitted to the Executive Committee, is hereby approved by:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Members of the Board of Directors