

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