

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

To the members of The Bar Association of Lehigh County:

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

Name: _____ **Law School:** _____

Expected Graduation Date: _____

Student Address if Different from Home: _____

Home Address: _____

Home Telephone: _____ **Cell Number:** _____ **Email:** _____

Date of Birth: _____ **Place of Birth:** _____

EDUCATION:

High School: _____ **Graduation Date:** _____

College: _____ **Degree:** _____ **Date:** _____

Other: _____ **Degree:** _____ **Date:** _____

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Positions of Honor or Trust (Particularly Law School, Under Grad., High School, Civic & Volunteer):

MILITARY SERVICE (Dates & highest rank): _____

CITATIONS, MEDALS, SPECIAL AWARDS: _____

Student Membership – Students who are currently enrolled at a law school accredited by the American Bar Association, or who have graduated from such an accredited law school within the current calendar year and have not yet completed, or received the results of, a bar examination. Persons licensed to practice law who are attending a law school for graduate or other courses shall not be eligible for this membership category. Student members shall not be permitted voting rights in the Association nor shall they be permitted to hold any office in the Association but are encouraged to join and participate in committees. Student members shall receive such benefits as members in the Association as shall be determined from time to time by the Board of Directors.

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.

*When you have been assigned your Supreme Court ID, you will need to complete a Member Application for information only purposes. Your Student Membership will transfer to the applicable membership level as long as you notify us at that time. Your student membership will expire upon passing the Bar Exam or 2.5 years.

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:

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

Members of the Board of Directors