

Greene County Bar Association Membership Application

Name _____

Firm, Office or Company _____

Office Address _____

City _____ Zip _____ Telephone # _____

Home Address _____

City _____ Zip _____ Telephone # _____

Email Address _____

Preferred mailing address _____ Home _____ Work _____

Date of Birth _____ / _____ / _____

Colleges and Universities Attended: _____ Degree Earned: _____

Are you currently or have you ever been a member of a Bar of another state(s)?

_____ Yes _____ No

If Yes, please list the states and date of admission: _____

Have you ever been suspended or disbarred from practice? _____ Yes _____ No

Public offices held by election or appointment: _____ Dates held: _____

Sponsor _____

Attorney at Law

Office Address _____

City _____ Zip _____ Telephone # _____

Signature of Sponsor _____

Name, Address, and Occupation of THREE (3) References (Exclusive of Sponsor or Relative), preferably members of Bench, Bar or Law School Faculty

1. _____

2. _____

3. _____

PAYMENT IN FULL FOR ONE YEAR'S DUES MUST ACCOMPANY APPLICATION

Please select which is applicable:

- _____ In Practice less than 1 year: Dues \$0
_____ In Practice 1 year- 45 years: Dues \$125
_____ In Practice more than 45 years: Dues \$0

_____ I'd like to include _____ as an additional donation.

Total Included: \$ _____

Please make checks payable to GREENE COUNTY BAR ASSOCIATION
and mail to 3rd Floor Greene County Courthouse, 45 N. Detroit Street, Xenia, OH 45385

THE ABOVE INFORMATION IS TRUE AND CORRECT:

Signature

Date

Please call (937) 562-5040 with questions.