

**Application for Membership**

NAME IN FULL:

KNOWN BY ANY OTHER NAME (MARRIED, MAIDEN):

DATE OF BIRTH:

PRIMARY RESIDENCE

PRIMARY PLACE OF EMPLOYMENT

ADDRESS:

FIRM/OFFICE:

PHONE:

ADDRESS:

PHONE & FAX:

E-MAIL:

PLEASE LIST ALL BUSINESS MAILING ADDRESSES WITH PHONE NUMBER USED BY YOU IN CONNECTION WITH YOUR LEGAL PRACTICE:

LAW SCHOOL ATTENDED:

YEAR GRADUATED:

COURTS IN WHICH YOU ARE ADMITTED

DATE OF ADMISSION

ARE YOU A MEMBER OF THE BAR IN GOOD STANDING IN EACH OF THE ABOVE COURTS?      Yes      No  
 IF NO, INDICATE CURRENT STATUS WITH EACH COURT AND GIVE FULL PARTICULARS ON AN ATTACHED SHEET:

PA CLE COMPLIANCE GROUP, IF ASSIGNED YET:	1	2	3
ARE YOU PRACTICING LAW IN THE COUNTY OF ERIE, PENNSYLVANIA?	Yes		No
IF NO, DO YOU INTEND TO?	Yes (when? )		No

IF YOU PRACTICE IN ANY COUNTY OTHER THAN ERIE, PENNSYLVANIA, PLEASE LIST EACH COUNTY AND THE PERCENTAGE OF YOUR PRACTICE THERE:

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CURRENT MAKE-UP OF YOUR LAW PRACTICE AND A STATEMENT OF YOUR PRACTICE PLANS FOR THE IMMEDIATE FUTURE:

IF LICENSED IN PENNSYLVANIA, HAVE YOU COMPLIED WITH THE REQUIREMENTS OF STATE BAR ADMISSION RULES 231 AND 232?      Yes      No  
*(rules available @ www.padisciplinaryboard.org)*

IF YES, SUPPLY CARD NUMBER:  
 DATE OF CURRENT VALIDATION:

IF LICENSED IN PENNSYLVANIA, HAVE YOU COMPLIED WITH THE REQUIREMENTS OF RULE 219 OF THE PENNSYLVANIA RULES OF DISCIPLINARY ENFORCEMENT?      Yes      No

ARE YOU A MEMBER OF THE PENNSYLVANIA BAR ASSOCIATION? (MANDATORY FOR ACTIVE MEMBERS PER ECBA BY-LAWS)      Yes      No

IF NO, DO YOU AGREE TO BE ADDED TO PBA'S MEMBERSHIP ROLLS AND INVOICED FOR PBA DUES BY THE ECBA?      Yes      No

I HEREBY APPLY FOR MEMBERSHIP AS AN    Active Member    Associate Member    OF THE ERIE COUNTY BAR ASSOCIATION AND CERTIFY THAT THE FOREGOING INFORMATION IS COMPLETE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

*The Secretary of the Erie County Bar Association has made an investigation of the foregoing application and the application submitted is, by the Secretary:*    Approved    Not Approved

\_\_\_\_\_  
 Secretary, Erie County Bar Association

\_\_\_\_\_  
 Date

**MEMBER BIOGRAPHICAL INFORMATION - OPTIONAL**

Name:

Place of Birth:

Single

Married

Spouse's Full Name:

Children:

Name of Church/Synagogue Attended:

Name of Schools Attended  
Grade School(s)

Year Graduated

High School(s)

College:

Other Education:

Member of the American Bar Association?      Yes      No

Solicitor Positions:

Military Service:      Air Force      Army      Coast Guard      Marines      Navy  
Rank Held:

Political Party:      Democrat      Republican      Other

To what social organizations do you belong?

What charitable or community projects are you engaged in?