

Application for Membership
(shall be scanned and disseminated to the ECBA membership for review)

NAME IN FULL:

KNOWN BY ANY OTHER NAME (MARRIED, MAIDEN):

DATE OF BIRTH:

PRIMARY RESIDENCE

ADDRESS:

PHONE:

PRIMARY PLACE OF EMPLOYMENT

FIRM/OFFICE:

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	Not Yet Assigned
ARE YOU PRACTICING LAWS 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.pabarexam.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
(rule available @ www.padisciplinaryboard.org)

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