



20__ Membership Application AND RENEWAL FORM

Member Name: _____ Firm: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
Mon. of Birth: _____
Year of Admission to Bar: _____ Department: _____
Undergraduate School: _____ Law School: _____
Licensed in other State: _____ Foreign Language: _____
Membership in Other Bar Associations: _____

Putnam County Bar Association & Lawyer Referral Service Dues: (please check appropriate boxes)

- Admitted to BAR more than 5 years \$ 125.00
*If you have a hardship please contact any of the Board members *
- Admitted to BAR less than 5 years \$ 85.00
- Associate Membership (for non-attorney person/firm) \$ 100.00
- Putnam County Bar Association – Lawyer Referral Service \$ 125.00
(Not required to join the Putnam County Bar Association)
- Total Amount Paid \$ _____
- Firm Website Address _____
(Optional)

If accepted, I will abide by the CONSTITUTION BY-LAWS of The Putnam County Bar Association.

Signature: _____ Date: _____