

**MONTGOMERY BAR ASSOCIATION**

Norristown, Pennsylvania

**Fax:** 610-279-4846

**Phone:** 610-279-9660, ext. 210

**E-mail:** mail@montgomerybar.org

<b>OFFICE USE</b>
Category _____
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**MEMBERSHIP APPLICATION**

**1. Please provide us your business contact information.** This information will be published in the Legal Directory:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_ City/Town \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Direct Dial #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Check here if you **do not** want e-mail address published in the Legal Directory.

**2. Please enter your personal information here:** (*This information will remain strictly confidential*).

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**3. Is the business address above the same as that listed with the Disciplinary Board of the PA Supreme Court?**

YES \_\_\_\_ NO \_\_\_\_ *If your answer is "NO", please provide the address in the space provided below*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Date admitted by the Supreme Court to the PA Bar:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Supreme Court ID #:** \_\_\_\_\_

**6. Has any disciplinary action been instituted against you in any court or disciplinary body?** (please check)

\_\_\_\_ YES \_\_\_\_ NO If "YES", please explain: \_\_\_\_\_

**7. Are you a County, State or Federal Employee?** (please check) \_\_\_\_ YES \_\_\_\_ NO

**8. Have you ever been a member of the Montgomery Bar Association?** (please check) \_\_\_\_ YES \_\_\_\_ NO

**9. Do you practice law full time?** (please check) \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_ Sole Practitioner \_\_\_\_ Firm w/ under 5 lawyers \_\_\_\_ Firm w/ 5 or more lawyers \_\_\_\_ Corporate Counsel

**10. Please enter your Continuing Legal Education (CLE) Compliance Group #:** \_\_\_\_ April (I) \_\_\_\_ August (II) \_\_\_\_ December(III)

**11. Please list the names of two (2) members of the MBA with whom you are acquainted:**

a. \_\_\_\_\_ b. \_\_\_\_\_

If your application is for a Regular Membership in the Montgomery Bar Association, and you were admitted by the Supreme Court within the past 12 months; or you have been admitted to practice law in Pennsylvania for 3 years or less, and have not practiced in Montgomery County for at least one year, then in either event, you must have a Mentor appointed, said appointment to be effective upon admission to be Bar. If you have practiced in another jurisdiction for 3 years or more, you may voluntarily request the appointment of a Mentor.

I hereby apply for membership in the Montgomery Bar Association certifying that the above information is true and correct. I agree to abide by the By-Laws of the Association and to observe all Rules and Regulations promulgated by the Association.

I understand that by providing the e-mail and fax number above, I hereby consent to receive e-mails and faxes sent by or on behalf of the Montgomery Bar Association and Montgomery Bar Foundation.

**12. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and mail to: MBA, P.O. Box 268, Norristown, PA 19404-0268 or FAX to: 610-279-4846  
PLEASE DO NOT SEND ANY FORM OF PAYMENT. YOU WILL BE BILLED.