

MONTGOMERY BAR ASSOCIATION

Norristown, Pennsylvania

Fax: 610-279-4846

Phone: 610-279-9660, ext. 210

E-mail: mail@montgomerybar.org

OFFICE USE

Category _____

Adver. _____

Recom. ____/____/____

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? (please check) _____ Full Time _____ Part Time

___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. _____

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.