MEMBERSHIP APPLICATION

LAKE COUNTY BAR ASSOCIATION
25 North Park Place
P. O. Box 490
Painesville, OH 44077

(440) 350-5800 Fax : (440) 350-2298
E-mail: barassociation@lakecountyohio.gov
www.lcba-ohio.org

Full Name_____

Home Address_____

City & State_____Zip_____

Home Phone_____

Date of Birth _____
(Month) (Day) (Year-Optional)

Can you be contacted by Cell Phone? _____Cell Phone Number_____

Do you speak any other language?_____

Are you licensed to practice in any other states?_____

Is the practice of law your principal occupation?_____

Firm/Office_____

Address_____

_____Zip_____

Phone_____Fax #_____

E-mail address_____

Attorney Registration Number_____

Year admitted to Practice in Ohio_____

Other Bar Admissions and year_____

_____

Professional Affiliations, etc._____

_____

(Over)

Have you ever been the subject/respondent in a disciplinary procedure?_____

If so, please state the nature of the proceeding and its disposition_____

_____

List two personal and/or professional references:

Name_____

Title/Position_____

Address_____

_____

Phone_____

Name_____

Title/Position_____

Address_____

_____

Phone_____

_____ _____

Member Signature Date

_____ (OK)

Committee Member

_____

Date