



LCBA Paralegal Associate Member Application

Please type or print responses clearly:

Name: _____

Company or firm name: _____

Business address: _____

Telephone: _____ Fax: _____

Home address: _____

Indicate where you want all LCBA information sent: ☐ Business ☐ Home

E-mail address: _____

Sponsor Information: To qualify for membership, you must be sponsored by an attorney member of the LCBA in good standing:

Sponsoring attorney: _____

Company or firm name: _____

Business address: _____

Telephone: _____ Fax: _____

I hereby sponsor the applicant herein for paralegal associate membership. The applicant is qualified by education as a paralegal and performs substantive legal work for which a lawyer is responsible.

Sponsoring Attorney Signature: _____

Any person who holds a paralegal degree, certificate, or has received suitable training and is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs substantive legal work for which a lawyer is responsible

I hereby make application for associate membership in the Lake County Bar Association.

Applicant signature: _____ Date _____

Please remit completed application with dues in the amount of \$50.00 to the Lake County Bar Association, Courthouse—West Annex, 25 N. Park Place, 2nd floor, P.O. Box 490, Painesville, Ohio 44077.

Approved by _____ Date _____

Committee Member