

MEMBERSHIP APPLICATION

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

Phone: (440)350-5800 or (440)918-2180

FAX: (440) 350-2298

e-mail address: barassociation@lakecountyohio.gov

Full Name _____

Street Address _____

City & State _____ **Zip** _____

Home Phone _____

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. _____

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

If so, please state the nature of the proceeding and its disposition _____

Two personal and/or professional references:

Name _____

Title/Position _____

Address _____ **Phone** _____

Name _____

Title/Position _____

Address _____ Phone _____

Applicant Signature _____ Date _____

(OK)

Committee Member

Date