

APPLICATION FOR MEMBERSHIP
IN THE PORTAGE COUNTY BAR ASSOCIATION

The undersigned submits this Application for Membership, along with initial dues in the amount of \$100.00, and requests that the Portage County Bar Association consider the undersigned for membership in the Association.

NAME: _____

EMPLOYED BY/LAW FIRM: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

ATTY. REGIST. NUMBER: _____

DATE OF BIRTH: _____

LAW SCHOOL ATTENDED: _____

YEARS ATTENDED: _____

DATE GRADUATED FROM
LAW SCHOOL: _____

DATE ADMITTED TO PRACTICE
LAW IN OHIO: _____

DATE ADMITTED TO PRACTICE
IN FEDERAL DISTRICT CT: _____

ATTORNEY IN GOOD STANDING
(OHIO SUPREME COURT) YES _____ NO _____

MEMBER-OHIO ST. BAR ASSOC. YES _____ NO _____

MEMBER-AMERICAN BAR ASSOC. YES _____ NO _____

MEMBER-ANY OTHER LOCAL
BAR ASSOC. YES _____ NO _____

OTHER STATES IN WHICH
ADMITTED TO PRACTICE: _____

SIGNATURE OF APPLICANT: _____

PLEASE RETURN TO:
Portage County Bar Association
P.O.Box 128
Ravenna, OH 44266