



MEMBERSHIP APPLICATION

BUCKS COUNTY BAR ASSOCIATION
135 EAST STATE STREET - P.O. BOX 300
DOYLESTOWN, PA 18901

For Office Use Only

Cert or copy _____
LR Adver _____
Memb Comm _____
BOD Apr _____
Pd dues Inv _____

Application for:

_____ **Regular Membership** – Any Attorney licensed to practice in Pennsylvania whose residence is in Bucks County, or who maintains a principal office for the practice of law in Bucks County, or who is employed in Bucks County in a law related capacity by an agency or corporation or other entity, is eligible for regular membership in the Association. “Principal office” is the place where the attorney spends the greater part of his/her working hours, even if it is a branch of a law firm that has its principal office outside the county.

_____ **Associate Membership** – For those attorneys who are not eligible for regular membership who shall be entitled to participate in educational, social and committee functions as a nonvoting member.

_____ **County/State/Legal Aid Employee** – For full time employees of the County of Bucks, the Commonwealth of Pennsylvania or Legal Aid of Southeastern Pennsylvania.

Fee schedule located on page 4.

I hereby make application for the above mentioned membership in the Bucks County Bar Association and if granted such membership I agree to be bound by the Charter and Bylaws of the Association as the same may exist from time to time.

In re: Application of:

Date of Birth: _____

Age: _____

Attorney ID #: _____

College: _____

MCLE Comp. Group #: _____

Degree: _____

Passed Bar Examination on (Date): _____

Other Languages: _____

State: _____

Current Law Office Name/Address:

Law School: _____

Full Name: _____

Office Telephone: _____

Home Address:

Fax: _____

Email: _____

Area of Practice: _____

Home Telephone: _____

1. Have you ever been convicted of a crime (do not include summary offenses of the motor vehicle code)? If yes, please attach a full explanation.

2. Have you ever been censured or otherwise publicly disciplined by any court or bar association? If yes, please attach a full explanation.

3. (a) List the Courts to which you have been admitted and state whether such membership has been terminated by resignation or other means.

(b) List the bar associations to which you have been a member and state the status of such membership.

4. Has any Client Security Fund of any bar association made any payments on a claim arising out of your practice of law? If yes, please attach a full explanation.

5. Applicants for Regular membership must attach proof of membership in good standing from the PA Supreme Court (**copy of current license or copy of certificate of good standing**).

6. Associate applicants must attach proof of membership in good standing from the Supreme Court of the state in which you practice.

7. Indicate your interest in the following categories by checking as many as apply. You will be sent fax/email notices when these groups meet.

Committees:

- Community Legal Education: Organizes Law Day activities and People's Law School; provides legal education to the community on a continuing basis.
- Dispute Resolution: Educates the public and the membership about alternate means of resolving disputes.
- Diversity
- Entertainment: Makes arrangements for all social functions.
- Law Library: Cooperate with the Law Librarian as to the needs of the courts.
- Lawyer Referral Service: Oversees the activities of the service and determines policy.
- Law Reporter: Monitors the operation of the *Bucks County Law Reporter*.
- MCLE: Oversees substantive and ethics courses offered by the Association and monitors content according to the requirements established by the state CLE board.
- Medical/Legal: To share common interests and issues of the physicians and attorneys.
- Member Services: Works towards increasing membership in the association.
- Newsletter Editorial: Provides editorial content of the BCBA Newsletter, *The Writs*.
- Pro Bono: Develops and promotes the delivery of pro bono services and monitors the BCBA Pro Bono Program.
- Technology: To review and oversee the association's technology needs and oversee the association's website.
- Unauthorized Practice of Law

Sections:

- _____ Business Law
- _____ Civil Litigation
- _____ Criminal Law
- _____ Family Law
- _____ Federal Courts
- _____ Orphans' Court/Estate Planning & Probate Law
- _____ Real Estate & Land Use Law
- _____ Solo Practitioner/Small Firm
- _____ Tax Law
- _____ Workers' Compensation Law

Divisions:

- _____ Women Lawyers' Division: Creates a forum to deal with the professional and substantive legal issues facing women.
- _____ Young Lawyers' Division: Organizes a program for lawyers in their early years of practice.

COMMONWEALTH OF PENNSYLVANIA:

COUNTY OF BUCKS : SS

I, _____, the within named applicant, being duly sworn

according to law, deposes and says that the facts set forth in the aforesaid application are true and correct to the best of my knowledge, information and belief.

Signature: _____

Sworn to and subscribed
before me this _____
day of _____
20 _____

Notary Public
My Commission Expires

**2010 Membership Rate Schedule
Bucks County Bar Association**

(Billed 12/1 for fiscal year 1/1-12/30; new member dues are prorated and billed upon approval of membership. Please do not send a dues payment with your application.)

	<u>Dues</u>	<u>Bldg. Assess.</u>	<u>Total</u>
Regular Members			
5 or more years in practice	\$245.00	\$95.00	\$340.00
4 years in practice	\$122.50	\$95.00	\$217.00
3 years in practice	\$122.50	\$20.00	\$142.00
2 years in practice	\$122.50	\$20.00	\$142.00
1st year in practice	\$0.00	\$0.00	\$0.00
Associate/County Employees			
5 or more years in practice	\$183.75	\$57.00	\$241.00
4 years in practice	\$91.88	\$57.00	\$149.00
3 years in practice	\$91.88	\$11.25	\$103.00
2 years in practice	\$91.88	\$11.25	\$103.00
1st year in practice	\$0.00	\$0.00	\$0.00
Student Members	\$25.00	\$0.00	\$25.00
Emeritus Members	\$0.00	Contributions	
(Must make request in writing stating why they may qualify for EM status as laid out in our Bylaws. Requests must be approved by the BOD.)			

Payment options are available. Please call the Bar Association to set up installments.

Rev. 1/10

Name: _____

Fax Number: _____

Email: _____

<p>Additional Comments or Questions:</p> <p>_____</p> <p>_____</p> <p>_____</p>
