



Steuben County Bar Association

Membership Application

Applicant Information

Name (First, MI, Last)		Circle/provide applicable	Mr. Ms. Hon.
Email #1 For SCBA corresp.		Email #2 (if diff) For online list	
Firm Affiliation, if any		Attorney Website	
Office Address		City/State/Zip	
Business Phone:		Fax:	
Law School/Year Graduated		Date admitted to practice in NYS	
Dept admitted		Date/other State Bars admitted	

OPT OUT: Check information that you do NOT want published in our online Member List:

Email Address Website URL Other: _____

Membership Level and Dues: Attorney Member: \$35.00

Payment Method: PayPal online through SCBA website.
 Mail check with this application.

Please make all checks payable to: Steuben County Bar Association

Area(s) of Practice - Circle up to 4 categories:

- | | | |
|------------------------------|-----------------------------------|----------------------------|
| Adoptions | Disability Benefits/Workers' Comp | Health/Elder Law |
| Bankruptcy | Divorce/Separations | Personal Injury/Negligence |
| Contracts/Consumer Law | Family Court | Real Estate Law |
| Criminal Defense/Traffic Law | Gov't/Corporate Counsel | Wills/Estate Planning |

Certification and Signature

I certify that I am licensed to practice law and that I will abide by the by-Laws of the Steuben County Bar Association.

Signature

Date