



APPLICATION FOR MEMBERSHIP

NAME: _____

FIRM AFFILIATION (if any): _____

BUSINESS ADDRESS: _____

TELEPHONE : (____) _____ - _____ FAX : (____) _____ - _____

E-MAIL: _____

Date of Admission to NYS Bar: _____

Length of Practice in NYS: _____

Date of Admission to Other State Bars, & Length of Practice in Other States or Countries:

Current or Past Membership in this or any other Bar Associations:

If you have ever been suspended or expelled from membership in any Bar Association, please indicate here , and give details on the back of this form.

Birth Year (This information will be used to track eligibility for Life Member status; you may choose not to provide it.) _____

In submitting this application, I renew the oath taken upon my admission to the practice of law and reaffirm my fidelity to the Canons of Professional Ethics. I further affirm that I have never been suspended or expelled from membership in any Bar Association, except as stated herein. If admitted to membership in the Schenectady County Bar Association, I will familiarize myself with the Bylaws of the Association, will be an active participant in the Association's affairs, and will promote its interest and goals among my colleagues and in the community.

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE SCHENECTADY COUNTY BAR ASSOCIATION, DO AGREE TO SUBSCRIBE

TO ITS BY-LAWS AND THE PRINCIPLES THEREOF AND AFFIRM THAT THE DATA HEREINBEFORE SET FORTH IS CORRECT AND TRUE.

Signature: _____

Date: _____

For Membership Committee Use Only:

Application Received:

Approved for Membership:

Membership Committee Chairperson

Date _____



APPLICATION FOR MEMBERSHIP

I, THE UNDERSIGNED, DO SPONSOR THE ABOVE CANDIDATE FOR MEMBERSHIP IN THE SCHENECTADY COUNTY BAR

ASSOCIATION AND DO AFFIRM THAT I HAVE READ THE INFORMATION SET FORTH ABOVE CONCERNING SAID CANDIDATE AND

THAT THE SAME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____

Date: _____

Name of Sponsor:

Mail your application to:

Schenectady County Bar Association
PO Box 1728
Schenectady, NY 12301

The SCBA publishes a membership directory yearly. Up to three areas of principal practice concentration can be included in your entry; if you wish areas of practice listed, please identify them below.
