

THE NEW LONDON COUNTY BAR ASSOCIATION, INC.
ANNUAL MEMBERSHIP APPLICATION
9/1/16– 8/31/17

Name _____ Phone _____
Firm Name _____ Fax _____
Address _____
****Email**** _____

****Please provide as all notifications will be sent via email**

Please indicate whether or not you would like the above information listed in the NLCBA Attorney Directory on the Association's website at nlcba.org.

___ **Yes** ___ **No**

ADMISSION TO BAR: (Include all state admissions)

State:

Year:

PLEASE CHECK APPROPRIATE DUES CATEGORY:

___ Regular Membership - \$85.00

___ New Lawyer - \$50.00
(admitted to practice in any jurisdiction on or after 9/1/10)

___ Judge - \$50.00

___ Full-Time State Employee - \$50.00

___ Honorary Member - \$50.00
(resident of New London County who is admitted as an attorney in good standing in some other jurisdiction)

___ Payment is optional for Retired Members from ages 70-74 and payment is waived for Members age 75 or older, however, **THIS FORM MUST BE COMPLETED AND RETURNED IF YOU WISH TO REMAIN ON THE MEMBERSHIP/MAILING LIST.**

Please return this completed form with your check to

The New London County Bar Assoc., Inc. – P.O. Box 374– N. Stonington, Ct. 06359
(860) 889-9384