



# ST. JOSEPH COUNTY BAR ASSOCIATION

**I hereby make application for membership in the St. Joseph County Bar Association.**

***(Please print and complete.)***

Name \_\_\_\_\_

Attorney Number \_\_\_\_\_

Law firm associated with, if applicable \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Residential Address (optional) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

College \_\_\_\_\_

Degree(s) \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Law School \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Other Educational Information or Degrees and  
Year(s) of Graduation \_\_\_\_\_

Date Admitted to Bar in State of Indiana \_\_\_\_\_

Other state(s) admitted to practice, if any \_\_\_\_\_

Area(s) of Practice \_\_\_\_\_

For Paralegals \_\_\_\_\_

Certificate Obtained From: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Membership Type

- Standard    First Year Attorney  
 Judiciary / Retired    Paralegal

I hereby make application for membership in the St. Joseph County Bar Association ("SJCBA"). In furtherance of my application, I hereby represent that the foregoing information is true and accurate. If selected for membership in the SJCBA, I will pay the annual dues upon demand and will abide by the ByLaws of the SJCBA. If I have indicated above that I have been admitted to the practice of law in the State of Indiana, I further certify that I am a member in good standing at the time of this application.

Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please submit your completed application to Ms. Amy McGuire, St. Joseph County Bar Association, County Courthouse, 101 South Main Street, South Bend IN 46601. REMEMBER TO INCLUDE YOUR MEMBERSHIP FEE!***