



# ST. JOSEPH COUNTY BAR ASSOCIATION

I wish to **RENEW** my 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 \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please submit your completed RENEWAL 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!***