

**SARATOGA COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION**

NAME OF APPLICANT: _____
HOME ADDRESS: _____

NAME OF FIRM and/or EMPLOYER: _____
BUSINESS ADDRESS: _____
TELEPHONE NUMBER: _____ **FAX NUMBER:** _____
E-MAIL: _____

LAW SCHOOL ATTENDED: _____
DATE OF GRADUATION: _____ **YEAR ADMITTED TO BAR:** _____

OTHER BAR JURISDICTIONS AND YEAR ADMITTED:

OTHER BAR ASSOCIATIONS IN WHICH MEMBERSHIP IS HELD:

REFERENCES:
1: _____
2: _____

In accepting membership in the Saratoga County Bar Association, I agree to participate in its pro bono program, I'm available in the following category (circle one, unless you are a full-time government employee):

- | | |
|-------------------------------------|--|
| 1. Civil appeals | 6. Misc. civil litigation or questions |
| 2. Uncontested matrimonials | 7. Landlord/tenant |
| 3. Credit/bankruptcy | 8. Paternity |
| 4. Visitation, support, not divorce | 9. Contested matrimonials |
| 5. Employment disputes | 10. Supplemental Needs Trust For Disabled Person |

You may decline to participate in our pro bono program by checking here _____

DATED: _____ **SIGNATURE:** _____

NAME OF SPONSOR: _____

SPONSOR'S REMARKS: _____

DATED: _____ **SIGNATURE:** _____

PLEASE RETURN COMPLETED FORM TO: Saratoga County Bar Association
P.O. Box 994
Saratoga Springs, N.Y. 12866

FOR MEMBERSHIP COMMITTEE

Date of Review: _____ by _____ **Approved/Disapproved**

Date Candidate Notified: _____ **By:** _____

Date of Full Membership Vote: _____ **Approved/Disapproved**

Dues Enclosed: Admitted to the Bar less than 5 years = \$30.00

Admitted to the Bar 5 to 9 years = \$60.00

Admitted to the Bar 10 years plus = \$75.00