



## 20\_\_ Membership Application AND RENEWAL FORM

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Member Name:	Firm: _____		
Address:	City:	State:	Zip:
Telephone:	Fax:	Email:	
Mon. of Birth:			
Year of Admission to Bar:	Department: _____		
Undergraduate School:	Law School: _____		
Licensed in other State:	Foreign Language: _____		
Membership in Other Bar Associations: _____			

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### Putnam County Bar Association & Lawyer Referral Service Dues: (please check appropriate boxes)

- Admitted to BAR more than 5 years ..... \$ 125.00  
\*If you have a hardship please contact any of the Board members \*
- Admitted to BAR less than 5 years ..... \$ 85.00
- Associate Membership (for non-attorney person/firm) ..... \$ 100.00
- Putnam County Bar Association – Lawyer Referral Service ..... \$ 125.00  
(Not required to join the Putnam County Bar Association)
- Total Amount Paid ..... \$ \_\_\_\_\_
- Firm Website Address \_\_\_\_\_  
(Optional)

If accepted, I will abide by the CONSTITUTION BY-LAWS of The Putnam County Bar Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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