



NORTHAMPTON
 COUNTY
 BAR ASSOCIATION
 OF PENNSYLVANIA

MEMBERSHIP APPLICATION

155 South Ninth Street ♦ Easton, PA 18042-4399 ♦ (610) 258-6333 ♦ FAX (610) 258-8715

DATE: _____

PERSONAL DATA *(Please Print or Type)*

NAME: _____ PA SUPREME COURT I.D. NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ MARITAL STATUS: _____

FIRM NAME: _____

OFFICE ADDRESS: _____

E-MAIL ADDRESS: _____

JOINING NCBA AS AN ASSOCIATE MEMBER: _____ FULL MEMBER: _____

SECONDARY OFFICE ADDRESS (if applicable) _____

HOME ADDRESS: _____

Home Phone

Office Phone

Fax No.

Secondary Office Phone

SPOUSE'S NAME (include Maiden Name if applicable): _____

CHILDREN'S NAMES: _____

PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY: _____

PHONE NO. _____

PHONE NO. _____

EDUCATIONAL DATA

Name of School

Year Graduated

Degree

UNDERGRADUATE _____

GRADUATE _____

LAW SCHOOL _____

ADDITIONAL DEGREES _____

LEGAL DATA

FIRST DATE ADMITTED TO PRACTICE IN ANY STATE: _____
(Month/Day/Year) (State)

DATE ADMITTED TO PRACTICE BY PA SUPREME COURT: _____

Have you previously been a member of the Pennsylvania Bar Association? _____ Yes _____ No

If Yes, in what County: _____ Years of Membership: _____

DATE ADMITTED TO PRACTICE IN ANOTHER STATE (in addition to above): _____ STATE: _____
(Month/Day/Year)

PROFESSIONAL LIABILITY POLICY NO.: _____

POLICY ISSUED BY: _____
(Name of Company)

MEMBER OF _____ BAR ASSOCIATION
(Are you a member of another local Bar Association?)

COURTS ADMITTED TO PRACTICE:

NAME YEAR

NAME YEAR

MILITARY SERVICE DATA

ENTERED: _____ BRANCH OF SERVICE: _____

YEARS SERVED: _____ RANK AT DISCHARGE: _____

COMMUNITY SERVICE:

PUBLIC OFFICE:

OPTIONAL INFORMATION:

_____ I am interested in participating in the Bar Association's Attorney Referral and Information Service (ARIS).
(Fee waived for first year NCBA members)

_____ I am interested in joining the Bar Association's Blood Bank Program in cooperation with the Miller Memorial
Blood Center.

_____ I am interested in receiving the Board of Governors and Association Meeting minutes.

NOTE: If you are interested in participating in the PBA's Blue Cross/Blue Shield, Major Medical Insurance Plan, you may contact
Colburn Insurance Service at 1-800-COLBURN.

THE UNDERSIGNED, a member in good standing of the BAR OF NORTHAMPTON COUNTY, PENNSYLVANIA,

having been duly admitted to practice on the _____ day of _____, _____, or having made application
(day) (month) (year)

to be admitted to the Bar of Northampton County, hereby applies for membership in the Northampton County Bar Association.
(Attorneys must be admitted to the Bar of Northampton County within six months of their joining the NCBA)

It is understood that, as a member of the Northampton County Bar Association, I will take part in committee activity.

Applicant's Signature

APPLICANT ENDORSED BY:

_____, Esquire
Print Name of NCBA Member *Signature*

_____, Esquire
Print Name of NCBA Member *Signature*

DUES:

I am enclosing dues in the amount of _____. Payment of dues as a regular member or junior member includes the Pennsylvania Bar Association dues.

(Contributions or gifts to the Northampton County Bar Association are not deductible as charitable contributions for income tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense.)

FOR NCBA USE ONLY

Application Received: _____

Check # _____

Date Admitted to NCBA: _____