

LANCASTER BAR ASSOCIATION - ATTORNEY INFORMATION SHEET

Today's Date: _____ Birth date: _____

Attorney ID# _____ Compliance Group # _____

Name: _____
(Last Name) (First Name) (Middle Name)

Law firm or practice name & address _____

Tel. # () _____ Fax # () _____ E-mail address _____

The Lancaster Bar Association is permitted to send association-related faxes and e-mails to the fax and e-mail addresses listed above _____
(Signature)

Secondary office address & phone _____

Home address: _____ City: _____

Home telephone #: () _____ Spouse: _____

Emergency contact: _____ Phone # _____

Graduated from: _____ College/University in _____

Graduated from: _____ Law School in _____

Year first admitted to practice in any jurisdiction: _____

Year joined the Pennsylvania Bar Association: _____

Are you a member of the American Bar Association? [] yes or [] no

Are you admitted to practice before any court other than the Supreme Court of Pennsylvania?
[] yes or [] no If yes, list: _____

Primary areas of practice: _____

Are you a softball player? [] Yes [] No

I wish to be included in the following sections: _____

I wish to be included on the following committees: _____
(Sections and Committees are listed on the reverse side of this form)