

LANCASTER BAR ASSOCIATION

LANCASTER BAR ASSOCIATION MEMBER REGISTRATION FORM

Today's Date: _____ Birth Date: _____

Attorney ID #: _____ Compliance Group #: _____

(First Name)

(Middle Name)

(Last Name)

Law firm or practice name & mailing address:

Tel. #: _____ Fax #: _____ Work E-mail address: _____

Secondary office address & phone (if any):

Home Address: _____

Home telephone # or cell phone #: _____ Personal E-mail address: _____

Emergency Contact: _____ Emergency Telephone #: _____

College/University in year: _____ Graduated from: _____

Law School in year: _____ Graduated from: _____

Year first admitted to practice and jurisdiction: _____

Are you presently a PA Bar Association member? [] yes or [] no Year joined? _____

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 [] No If yes, please list: _____

How would you like to receive your copy of the Lancaster Law Review?

Print and sent in the mail [] Electronically via email [] Both in print and electronically []

Would you like to receive more information about joining our Lawyer Referral Service? [] Yes [] No

PLEASE RETURN TO THE LBA WITH A PHOTOCOPY OF YOUR PA STATE SUPREME COURT ID CARD

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LANCASTER BAR ASSOCIATION MEMBER REGISTRATION FORM (CONTINUED)

I wish to be included in the following sections:

- Child Dependency Law
- Civil Litigation (Trial Law)
- Corporate Business & Bankruptcy Law
- Criminal Law
- Elder Law
- Employment & Labor Law
- Estate Planning & Probate Law
- Family Law
- In-House Counsel
- Municipal, Zoning & Environmental Law
- Professionalism
- Real Estate Law
- Solo Practice
- Workers' Compensation and Administrative Law
- Young Lawyers

I wish to be considered for the following committees:

- Alternative Dispute Resolution
- Bar Facilities
- Bench Bar Conference
- Community Relations
- Diversity
- Fee Arbitration
- Lawyer Referral Service
- Public Service
- Women in Profession