



# APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

FIRM AFFILIATION (if any): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Date of Admission to NYS Bar: \_\_\_\_\_

Length of Practice in NYS: \_\_\_\_\_

Date of Admission to Other State Bars, & Length of Practice in Other States or Countries:

\_\_\_\_\_

Current or Past Membership in this or any other Bar Associations:

\_\_\_\_\_

If you have ever been suspended or expelled from membership in any Bar Association, please indicate here , and give details on the back of this form.

Birth Year (This information will be used to track eligibility for Life Member status; you may choose not to provide it.) \_\_\_\_\_

In submitting this application, I renew the oath taken upon my admission to the practice of law and reaffirm my fidelity to the Canons of Professional Ethics. I further affirm that I have never been suspended or expelled from membership in any Bar Association, except as stated herein. If admitted to membership in the Schenectady County Bar Association, I will familiarize myself with the By-Laws of the Association, will be an active participant in the Association's affairs, and will promote its interest and goals among my colleagues and in the community.

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE SCHENECTADY COUNTY BAR ASSOCIATION, DO AGREE TO SUBSCRIBE

TO ITS BY-LAWS AND THE PRINCIPLES THEREOF AND AFFIRM THAT THE DATA HEREINBEFORE SET FORTH IS CORRECT AND TRUE.

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

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

For Membership Committee Use Only:

Application Received:

Approved for Membership:

\_\_\_\_\_

Membership Committee Chairperson

\_\_\_\_\_

Date \_\_\_\_\_



# APPLICATION FOR MEMBERSHIP

I, THE UNDERSIGNED, DO SPONSOR THE ABOVE CANDIDATE FOR MEMBERSHIP IN THE SCHENECTADY COUNTY BAR

ASSOCIATION AND DO AFFIRM THAT I HAVE READ THE INFORMATION SET FORTH ABOVE CONCERNING SAID CANDIDATE AND

THAT THE SAME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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

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

Name of Sponsor:

\_\_\_\_\_

Please enclose your application fee of **\$37.50** (*Make checks payable to the Schenectady County Bar Association*)

Please **Mail** your completed application to:

Schenectady County Bar Association  
PO Box 1728  
Schenectady, NY 12301

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The SCBA publishes a membership directory yearly. Up to three areas of principal practice concentration can be included in your entry; if you wish areas of practice listed, please identify them below.

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