



HUNTERDON COUNTY BAR ASSOCIATION APPLICATION FOR MEMBERSHIP

Name: _____

Attorney ID New Jersey: _____

Home Street Address: _____

Home County: _____

Law Firm: _____

Business Street Address: _____

Business Mailing Address if different: _____

Business Phone: _____ Fax: _____

Website: _____ E-mail: _____

County in which business is located: _____

Date of Birth: _____ Place of Birth: _____

Date of Admission to the New Jersey Bar: _____

Law School Attended: _____

Date of Graduation: _____

Do you practice in Hunterdon County?: _____

Are you a member of the New Jersey State Bar Association? _____

| Professional Experience** | | |
|--|---------|----------------------|
| **Please attach a current resume** (most recent experience first) | | |
| Employer | Address | Nature of Employment |
| | | |
| | | |
| | | |

| Other Bar Memberships | |
|-----------------------|------------------|
| State/County | Membership Dates |
| | |
| | |

If you have been reprimanded, censured, suspended, disbarred or otherwise disciplined as the result of an ethics proceeding during the past five years; or if you are presently the subject of a disciplinary hearing, set forth: Name of the case, Ethics Committee which heard the case, Decision of the Committee, Name and action of review authority, and present status.*

By signing this application, I authorize the Hunterdon County Bar Association to obtain information from Central Ethics, the Administrative Director of the Courts, and any other appropriate source.

Signature of Applicant

Membership Sponsor (An Existing HCBA Member)

I hereby sponsor the applicant for membership this _____ day of _____ (month), _____ (year).

Printed Name of Sponsor

Signature of Sponsor

Membership dues are \$175 for the year (September thru August)
Membership dues are \$75 if you enroll after February 1**

Please submit completed application and dues to: HCBA, PO Box 573, Annandale, New Jersey 08801
Please refer questions to : Lyn Brokaw, HCBA Executive Director, (908) 200-7822