

MEMBERSHIP APPLICATION
DAUPHIN COUNTY BAR ASSOCIATION

DATE _____

NAME _____

FIRM AND OFFICE ADDRESS _____

OFFICE PHONE # _____ FAX # _____

E-MAIL _____

HOME ADDRESS _____

BIRTH DATE _____

SPOUSE'S NAME (IF APPLICABLE) _____

DATE OF ADMISSION
TO THE PRACTICE OF LAW _____ ATTORNEY ID# _____

LAW SCHOOL _____ YEAR GRADUATED _____

Referred by: _____

The Dauphin County Bar Association pays the Pennsylvania Bar Association dues for all members in good standing. The State Bar dues are collected and paid from the County Bar dues charged members each year. Therefore, **do not** pay any future dues to the PBA once you become a member of the Dauphin County Bar Association.

Are you a PBA member?
Yes _____ No _____

Have you paid your
PBA dues? Yes _____ No _____

Applicant's Signature: _____

Return the completed application to: DAUPHIN COUNTY BAR ASSOCIATION, 213 North Front Street, Harrisburg, PA 17101, fax to 717-234-4582 or email to Kendra@dcba-pa.org.