

## MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Year Admitted to the Mass Bar: \_\_\_\_\_

\_\_\_\_\_ Renewing Member \_\_\_\_\_ New Member

Please check one of the following:

\_\_\_\_\_ I have previously been a member of the Plymouth County Bar Association

\_\_\_\_\_ I hereby apply for membership of the Plymouth County Bar Association for the first time.

I hereby apply for membership/renewal of my membership in the Plymouth County Bar Association and I hereby certify that my membership in any other Bar Association or right to practice law has never been suspended or revoked and I never resigned from the practice of law in another jurisdiction.

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

2021 Annual Dues: \$ \_\_\_\_\_

Voluntary Scholarship Contribution: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Please return your application by January 31, 2021 with your membership dues**

Make check payable to the Plymouth County Bar Association, Inc. and mail to:

PCBA  
P.O. Box 7303  
Brockton, MA 02303-7303