

WSVBA ANNUAL MEMBERSHIP APPLICATION

WSBA #: _____

NAME: _____

LAW FIRM NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PH. #: _____

FAX #: _____

E-MAIL ADDRESS: _____

PHYSICAL ADDRESS (if different from mailing address):

DATE OF BIRTH: __/__/__

DATE OF ADMISSION (WA): __/__/__

STATES LICENSED IN OTHER THAN WASHINGTON: _____

BRANCH OF MILITARY SERVICE: _____

DATES OF MILITARY SERVICE: _____

PRIMARY AREA OF PRACTICE (criminal defense, government, family law, appeals ect.):

COMMENTS OR SPECIAL INTERESTS (legislation, networking, endorsements, referrals ect.):

Email to: John Tymczyszyn: JohnT@JohnTLaw.com (Western Washington)
Email to Thomas Jarrard: tjarrard@att.net (Eastern, Washington)