

**APPLICATION FOR MEMBERSHIP**  
**IN THE PORTAGE COUNTY BAR ASSOCIATION**

The undersigned submits this Application for Membership, along with initial dues in the amount of \$75.00, and requests that the Portage County Bar Association consider the undersigned for membership in the Association.

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

EMPLOYED BY/LAW FIRM: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ATTY. REGIST. NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAW SCHOOL ATTENDED: \_\_\_\_\_

YEARS ATTENDED: \_\_\_\_\_

DATE GRADUATED FROM  
LAW SCHOOL: \_\_\_\_\_

DATE ADMITTED TO PRACTICE  
LAW IN OHIO: \_\_\_\_\_

DATE ADMITTED TO PRACTICE  
IN FEDERAL DISTRICT CT: \_\_\_\_\_

ATTORNEY IN GOOD STANDING  
(OHIO SUPREME COURT) YES \_\_\_\_\_ NO \_\_\_\_\_

MEMBER-OHIO ST. BAR ASSOC. YES \_\_\_\_\_ NO \_\_\_\_\_

MEMBER-AMERICAN BAR ASSOC. YES \_\_\_\_\_ NO \_\_\_\_\_

MEMBER-ANY OTHER LOCAL  
BAR ASSOC. YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER STATES IN WHICH  
ADMITTED TO PRACTICE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

PLEASE RETURN TO:  
Portage County Bar Association  
P.O. Box 128  
Ravenna, OH 44266