

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

I, _____ do hereby make application for membership in the Winnebago County Bar Association and do hereby promise to abide by the constitution, by-laws, and rules and regulations of said Association. In support of this application, I make the following statements of fact.

1. I graduated from _____ College of Law on _____ with a _____ Degree.
I also graduated from _____ on _____ with a _____ Degree in _____
2. I was admitted to the practice of law in the State of Illinois on the _____ day of _____, _____
I was admitted to the practice of law in the State of _____ on the _____ day of _____, _____.
3. I am also a member of (other Bar Association) _____
Names of offices held, with which Bar Association, and dates _____

4. I am (not) engaged in the practice of law at _____ associated with _____.
5. I previously practiced at _____ with _____.

Signature of Applicant

Date

Signature of WCBA Sponsor & Print Name (Not required)

Dues:

First year admitted to practice	\$ 60.00	Law Students	\$ 25.00
Year 2	\$ 60.00	Law Professors	\$135.00
Years 3 to 5	\$135.00	Inactive	\$110.00 (Retired from Practice or disabled)
Government/Non Profit Rate**	\$135.00		
More than 5 years, less than ten	\$230.00	*Sustaining Member	\$100.00
Ten years or more	\$300.00	*Young Lawyers (to age 37)	\$ 15.00
Non-Resident	\$135.00	*Young Lawyers Associate	\$ 20.00 (After Age 37)
		*Expanded Website Profile	\$ 50.00

*Optional Additional Items

Date received by the WCBA _____

Date approved by the Board of Directors _____

Date approved by the Registration Commission _____

Date admitted to Membership _____

MEMBERSHIP APPLICATION - INFORMATION FILE
(Please print or type)

Full Name _____

Home Address _____ City/State _____ Zip _____

Home Phone _____ Birth Date _____

Business Address _____ Associated With _____

Formerly Associated With _____ Address _____

Business Phone _____ FAX Number _____

E-Mail _____

Web Site _____

A.R.D.C. Number: _____

Name foreign languages you speak, if any _____

Name and relationship of any members of your immediate family licensed to practice law _____

Public office you have held and year, through election _____

Through appointment _____

Member of any service clubs or civic organizations, office or position you may have held, and year _____

(OPTIONAL)

How long have you been in the Rockford area _____ Parents' Names _____

Names and Ages of Children (if applicable) _____

Spouse's Name (if applicable) _____ Date of Marriage and Place _____

** The Government/Non Profit rate applies, beginning with the third year admitted to practice to those attorneys employed as Assistant State's Attorneys, Assistant Public Defenders, Attorneys employed by Prairie State Legal Services, Assistants in the City Legal Department and the staff attorneys in the Court Administrator's Office. Please contact the WCBA if you have a question.