

BROOME COUNTY BAR ASSOCIATION
APPLICATION FOR ADMISSION

NAME: _____

HOME ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

ADDRESS

FIRM: _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

MEMBERSHIP CATEGORY:

- [] REGULAR over 5 years since admission to practice (office in Broome County)
[] REGULAR 5 years or less since admission to practice (office in Broome County)
[] ASSOCIATE (office outside of Broome County)

DATE OF ADMISSION TO THE NEW YORK STATE BAR AND DEP'T: _____

DATE AND PLACE OF BIRTH: _____

LAW SCHOOL, DEGREE
AND DATE AWARDED: _____

UNDERGRADUATE DEGREE,
SCHOOL AND DATE AWARDED: _____

MEMBERSHIPS IN OTHER BAR ASSOCIATIONS: _____

OTHER PROFESSIONAL ASSOCIATIONS OR REFERENCES (FOR APPLICANTS FOR
ASSOCIATE MEMBERSHIP ONLY): _____

CERTIFICATION: I HEREBY CERTIFY THAT MY RIGHT TO PRACTICE LAW HAS NEVER BEEN DENIED, SUSPENDED OR REVOKED IN ANY JURISDICTION, THAT I HAVE NEVER BEEN FORMALLY CENSURED OR OTHERWISE DISCIPLINED BY ANY COURT, TRIBUNAL OR OTHER BODY, AND I HAVE NEVER BEEN THE SUBJECT OF ANY COMPLAINT THAT WENT TO HEARING BY ANY ATTORNEY DISCIPLINARY COMMITTEE IN ANY JURISDICTION (*set forth any information which you believe will assist the Broome County Bar Association in evaluating your application for admission regarding any of these certifications, if necessary*). IF ACCEPTED FOR ADMISSION TO THE BROOME COUNTY BAR ASSOCIATION, I WILL ABIDE BY THE ASSOCIATION'S BY-LAWS AND BY THE NEW YORK STATE CODE OF PROFESSIONAL RESPONSIBILITY.

DATE: ____/____/____ SIGNATURE: _____