

**Tompkins County Bar Association
PO Box 6629, Ithaca, NY 14851**

Membership Application

Name _____ Date of Birth _____
(last) (first) (mid)

Residence _____ Phone _____
(street) _____
_____ Email _____
(city) (st) (zip)

Business Name _____
(firm/office)

Address: _____
(street/po box) (city) (st) (zip)

Telephone _____ FAX: _____

E-mail _____ Website: _____

Education

Pre-Law _____ Degree _____
(college)

Professional _____ Degree _____
(other degrees)

Original Admission to Bar _____
(state) (date)

Other states or foreign countries in which you are admitted to practice
law _____

Have you ever been disbarred or the subject of a disciplinary proceeding? _____
If answer is affirmative, please give details _____

Proposed for membership in Tompkins County Bar Association by _____
As a member of the Tompkins County Bar Association, I will abide by its Constitution and By-Laws.

(Signature) (Date)

Please provide your application fee of \$5.00 with this application. Checks should be made payable to the Tompkins County Bar Association. Please forward this application and fee to the Tompkins County Bar Association, P.O. Box 6629, Ithaca, NY 14851-6629.

Endorsement by Tompkins County Bar Association Member:

I certify that I believe the statements contained in this application to be true, that the applicant is eligible for membership, and I endorse the applicant for membership.

(Endorser's signature)

(Date)