



MEMBERSHIP APPLICATION

ATTORNEYS + LAW STUDENTS

Attorney applicants must attach proof of membership in good standing from the PA Supreme Court (copy of current license or copy of certificate of good standing). Please complete this application and mail or email it to:

kelly@lancasterbar.org

LANCASTER BAR ASSOCIATION
ATTN: Kelly D. Bell, Membership Coordinator
28 E. Orange Street, Lancaster, PA 17602

MEMBERSHIP INFORMATION

Full Name: _____
(FIRST) (MIDDLE) (LAST)

Nickname/Name Tag Preference: _____ Pronouns: _____

Attorney ID: _____ Compliance Group: _____

Birth Date: _____ Today's Date: _____

PROFESSIONAL INFORMATION

Phone: _____ E-Mail: _____

Firm Name: _____

Firm Address: _____
(STREET) (CITY, STATE) (ZIP CODE)

ADDITIONAL INFORMATION

Home Address: _____
(STREET) (CITY, STATE) (ZIP CODE)

Cell Phone: _____ Personal E-Mail: _____

College/University: _____ Graduation (year): _____

Law School: _____ Graduation (year): _____

Date Admitted to Supreme Court of PA: _____

Are You Presently a PA Bar Association Member: YES NO Year Joined: _____

Earliest Date Admitted to Any State: _____ State: _____

Have You Been Admitted to Practice Before Any Court Other Than the Supreme Court of Pennsylvania?

YES NO If Yes, Please List: _____



MEMBERSHIP APPLICATION

ATTORNEYS + LAW STUDENTS

ADDITIONAL INFORMATION (CONT.)

Are You Interested in Learning More About Our Lawyer Referral Service? **YES** **NO**

Are You Fluent in Any Other Languages? **YES** **NO** If yes, please list: _____

DEMOGRAPHIC INFORMATION

To enhance our commitment to inclusivity and better serve our members, please complete the optional diversity data collection. Your participation is appreciated, and we fully respect your choice not to answer.

Gender:

- Female
- Male
- Transgender/Non-Binary
- Prefer Not to Answer

Race:

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino(a)
- Native American/Alaskan Native
- White/Caucasian
- Prefer Not to Answer

Do you identify as LGBTQ+?

- Yes
- No
- Prefer Not to Answer

Do you identify as someone with a disability?

- Yes
- No
- Prefer Not to Answer

Please indicate your interest in the following categories by checking all that apply to you.

Sections:

- | | |
|--|---|
| <input type="checkbox"/> Child Dependency Law | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> In-House & Corporate Counsel |
| <input type="checkbox"/> Corporate Business & Bankruptcy Law | <input type="checkbox"/> Municipal, Zoning & Environmental Law |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Professionalism/Ethics |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Real Estate Law |
| <input type="checkbox"/> Employment & Labor Law | <input type="checkbox"/> Workers' Compensation & Administrative Law |
| <input type="checkbox"/> Estate Planning & Probate Law | |

Committees:

- | | |
|---|--|
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Fee Arbitration |
| <input type="checkbox"/> Bench Bar Conference | <input type="checkbox"/> Lawyer Referral Service |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Social |

Divisions:

- | | |
|--|--|
| <input type="checkbox"/> Solo/Small Firm | <input type="checkbox"/> Women in the Profession (WIP) |
| <input type="checkbox"/> Young Lawyers | <input type="checkbox"/> Law Students |