

# THE GREENSBORO BAR ASSOCIATION, INC.

P.O. BOX 1825, GREENSBORO, NC 27402 PHONE 336-378-0300

## MEMBERSHIP APPLICATION

Full Name: (Ms., Mr., Mrs., Hon.) \_\_\_\_\_

Nickname/Name Called \_\_\_\_\_ Birthdate: \_\_\_\_\_

Business \_\_\_\_\_  
Firm/Business Name

Business Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Business Phone \_\_\_\_\_ Business FAX: \_\_\_\_\_

Residence \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Spouse's Name: \_\_\_\_\_ Send mail to: \_\_\_\_ Business  
(Check one) \_\_\_\_ Residence

Email: (please print clearly) \_\_\_\_\_

Original Admission to Bar: (State) \_\_\_\_\_ Year \_\_\_\_\_ NC Bar # \_\_\_\_\_

Name of Law School Attended: \_\_\_\_\_ Dates \_\_\_\_\_

Degree, if any \_\_\_\_\_ Other degrees, if any \_\_\_\_\_

List all Bar Associations to which you now belong: \_\_\_\_\_

Have you ever been disbarred or the subject of a disciplinary proceeding? \_\_\_\_\_

If yes, please give full details. \_\_\_\_\_

Have you previously been a member of the Greensboro Bar Association? \_\_\_\_\_

(Continued on back)

If elected, I will support the organization and abide by the Association's Constitution, By-Laws, and Canons of Ethics.

I have enclosed a check for dues for the current year in the following amount (check one):

\_\_\_ \$85.00 Licensed less than 3 years as of 06/01 of the current year

\_\_\_ \$85.00 Public Service Attorneys (includes staff and assistants who work with offices of Attorney General, City Attorney, County Attorney, District Attorney, Federal Public Defender, State Public Defender, and Legal Aid)

\_\_\_ \$130.00 Regular Membership

\_\_\_ \$165.00 Sustaining Membership

\_\_\_ \$40.00 Senior Sustaining Membership

Remarks \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**REQUIRED ENDORSEMENT OF GREENSBORO BAR ASSOCIATION MEMBER IN GOOD STANDING:**

I certify that I personally know the applicant; that I have knowledge of, or have investigated the statements of the application for membership and believe them to be true; and the applicant is eligible for membership in the Association and I nominate and endorse the applicant for membership.

Endorser's Signature \_\_\_\_\_

Print Name of Endorser \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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Questions? Contact Administrator Diane Lowe at 336-378-0300 or [JD18GBA@greensborobar.org](mailto:JD18GBA@greensborobar.org)