



## HUNTERDON COUNTY BAR ASSOCIATION APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Attorney ID New Jersey: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

\_\_\_\_\_

Home County: \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

\_\_\_\_\_

Business Mailing Address if different: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

County in which business is located: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Admission to the New Jersey Bar: \_\_\_\_\_

Law School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Do you practice in Hunterdon County? \_\_\_\_\_

Are you a member of the New Jersey State Bar Association? \_\_\_\_\_

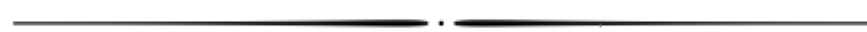
Professional Experience**		
**Please attach a current resume** (most recent experience first)		
Employer	Address	Nature of Employment

Other Bar Memberships	
State/County	Membership Dates

\*\*If you have been reprimanded, censured, suspended, disbarred or otherwise disciplined as the result of an ethics proceeding during the past five years; or if you are presently the subject of a disciplinary hearing, set forth: Name of the case, Ethics Committee which heard the case, Decision of the Committee, Name and action of review authority, and present status.\*\*\*

By signing this application, I authorize the Hunterdon County Bar Association to obtain information from Central Ethics, the Administrative Director of the Courts, and any other appropriate source.

\_\_\_\_\_  
Signature of Applicant



**Membership dues are \$190 for the year (September thru August)\*\***  
**Membership dues are \$150 if you enroll after February 1**

Please submit completed application and dues to: HCBA, PO Box 643, Flemington, New Jersey 08822  
Please refer questions to: Lyn Brokaw, HCBA Executive Director, (908) 200-7822