

THE ALLEGHENY COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION
for
AFFILIATE MEMBER

Mail completed application along with appropriate payment or credit card information to: Allegheny County Bar Association, Membership Department, 400 Koppers Building, 436 Seventh Avenue, Pittsburgh, PA 15219.

All information on questionnaire MUST be fully completed. Please submit application typewritten or printed legibly.

Affiliate annual dues are \$80.

Please check category for which you are applying:

___ Non-Lawyer District Justice

___ Paralegal

___ Legal Administrator

Name: _____
First Middle Initial Last

Male or Female Date of Birth: _____

Business Address:

Firm or Company Name: _____
Building: _____ Suite or Floor: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Phone: () _____ Fax: () _____ E-mail: _____

Home Address:

_____ Street Apartment # _____
_____ City State Zip Code County _____
Phone: () _____

College/University: _____
Complete Name and Address

Degree: _____ Year Graduated: _____

Have you previously applied for membership in this Association? ___ No ___ Yes

If yes, state reason for termination of said membership and when membership was terminated: _____

For District Justice only:

District in which you serve: _____ Date Elected/Appointed to Office: _____
When does your term expire: _____ Date of District Justice Certification: _____

For Paralegals only:

Date you became member of Pittsburgh Paralegal Association: _____
(You must be a voting member in good standing of the Pittsburgh Paralegal Association before applying for membership in the Allegheny County Bar Association)

I attest that the foregoing information is true and correct and that if approved for membership, I agree to subscribe to and agree to abide by the Constitution and By-Laws of the Association.

Signature Date
Method of Payment (Please Circle) Check (made payable to ACBA) Visa MC Amount: _____
Account #: _____ Expiration Date: _____
Name on Card: _____ Authorized Signature: _____

Reserved for Membership Department

Member Number _____ Date Approved/Rejected _____