



MEMBERSHIP

APPLICATION

I hereby make application for membership in the Passaic County Bar Association. My check for \$ _____ is attached (see fee schedule below). I certify that I am a member, in good standing, of the Bar of New Jersey.

NAME: _____ MONTH AND YEAR ADMITTED _____
HOME ADDRESS: _____ TO PRACTICE IN N.J. : _____/_____
OFFICE PHONE: _____
FIRM NAME: _____ HOME PHONE: _____
FIRM ADDRESS: _____ FACSIMILE: _____
EMAIL: _____

WHAT BAR ASSOCIATION ACTIVITIES ARE OF INTEREST TO YOU:

- SOCIAL/NETWORK, PROCEDURAL, PRO BONO, EDUCATIONAL, ADMINISTRATIVE, QUALITY OF LIFE

PLEASE DESIGNATE YOUR AREA OF INTEREST:

- CIVIL, FAMILY, COMMERCIAL, CRIMINAL, REAL ESTATE, OTHER

IF YOU DO NOT WANT YOUR DATA TO BE PUBLISHED ON THE PCBA WEBSITE (www.passaicbar.org) CHECK THE FOLLOWING BOX.

- DO NOT INCLUDE MY NAME, ADDRESS, PHONE, FAX OR EMAIL IN THE WEBSITE MEMBERSHIP DIRECTORY

Date: _____ Signature _____

APPLICABLE DUES MUST ACCOMPANY THIS APPLICATION
PLEASE MAKE CHECK PAYABLE TO: "PASSAIC COUNTY BAR ASSOCIATION"
SEND COMPLETED APPLICATION AND PAYMENT TO:
PASSAIC COUNTY BAR ASSOCIATION, THE COURTHOUSE, 401 GRAND ST., PATERSON, NJ 07505

Fee Schedule

- a) Membership is free for the balance of the fiscal year in which New Jersey Admission conferred.
b) \$80.00 per year during the second and third years of admission to New Jersey Bar.
c) \$160.00 per year after fourth year of admission.
d) \$10.00 donation (voluntary) to the Hon. Nicholas G. Mandak Scholarship Fund.

