

**SEMINOLE COUNTY BAR ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Please return the application and dues payment to:

**Seminole County Bar Association
Post Office Box 952673
Lake Mary, FL 32795-2673**

Calendar Year January – December **2016**

NAME _____

FIRM NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____ (Meeting notices and updates will be sent to this e-mail address.)

**IF YOU ARE A NEW MEMBER OR A RETURNING MEMBER WITHOUT A NAME TAG,
HOW DO YOU WISH YOUR NAME TO APPEAR?**

PLEASE INCLUDE PAYMENT OF THE FOLLOWING DUE WITH YOUR APPLICATION:

_____ REGULAR MEMBERSHIP (MEMBER OF THE FLORIDA BAR) - \$200.00

_____ LAW STUDENT MEMBERSHIP - \$50.00

BY SIGNING THIS APPLICATION, I HEREBY CERTIFY THAT I AM EITHER CURRENTLY A MEMBER OF THE FLORIDA BAR ASSOCIATION OR A CURRENTLY ENROLLED LAW STUDENT.

SIGNATURE: _____ DATE: _____

www.seminolecountybar.com/ for contacts and information