



**CHARLESTON
COUNTY BAR
ASSOCIATION**

MEMBERSHIP APPLICATION

I am a new member of the Charleston County Bar

I am a previous member of the Charleston County Bar

*All fields required

NAME _____

EMAIL _____

TELEPHONE: _____ FAX: _____

MAILING ADDRESS: _____

FIRM NAME _____

STREET _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

AREAS OF PRACTICE _____

PLEASE RETURN THIS FORM ALONG WITH YOUR CHECK IN THE AMOUNT OF \$100.00
PAYABLE TO THE CHARLESTON COUNTY BAR ASSOCIATION TO:

CHARLESTON COUNTY BAR ASSOCIATION
PO BOX 21136
CHARLESTON, SC 29413