



**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 FILL OUT, PRINT AND 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