



CHARLESTON COUNTY BAR ASSOCIATION

MEMBERSHIP APPLICATION

- NEW MEMBER
- CURRENT MEMBER (RENEWAL)
- PREVIOUS MEMBER

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| <p>NAME: _____</p> <p>EMAIL: _____</p> <p>TELEPHONE: _____ FAX: _____</p> <p><i>MAILING ADDRESS:</i></p> <p>FIRM NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>AREAS OF PRACTICE: _____</p> |
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Please fill out, print and return this form, along with your check in the amount of \$115.00 payable to Charleston County Bar Association, to:

Charleston County Bar Association
PO Box 21136
Charleston, SC 29413