CHARLESTON COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION

Date: ________________________

☐ New Member

☐ Current Member (Renewal)

☐ Previous Member (last year of membership: __________)

Name: ____________________________________________________________

Email: __________________________________________________________________

Telephone: __________________________________________________________________

Facsimile: __________________________________________________________________

Firm/Office Name: __________________________________________________________________

Mailing Address: __________________________________________________________________

________________________________________________________________________

Year admitted to practice: __________________________________________________________________

Law Practice Areas: __________________________________________________________________

Bar Committee Interests: __________________________________________________________________

Please complete this form and send with your Charleston Bar Dues check, $115.00, made payable to Charleston County Bar Association to:

Charleston County Bar Association
Post Office Box 21136
Charleston, South Carolina 29413

Payment of Dues – If you pay through the South Carolina Bar or electronically, complete this form; mail it or scan and send to secretary@charlestoncountybar.org.