

LEXINGTON COUNTY BAR ASSOCIATION, INC.

Post Office Box 1296 • Lexington, South Carolina 29071

NEW MEMBER INFORMATION FOR 2011

Name of Applicant: _____

Firm or Company: _____

Business Address: _____

City, State, Zip Code: _____

Number of Attorneys in Firm or Company: _____

Business Phone: _____

Business Fax: _____

E-mail: _____

Law School: _____

SC State Bar Number: _____

Other State Bar Admission: _____

County of Residence: _____

By signing this form, I do hereby make application to the LCBA for membership and, in making such application, I certify that I am validly licensed to practice law and that all information provided by me in this application is true and correct.

Signature

Date

*If you have any questions regarding membership, please contact
Jim O'Connor, President, at (803) 359-7996 or Ken Hansen, Treasurer, at (803)798-9446.*

*Please mail this form and a check for \$75.00 to
LCBA Post Office Box 1296, Lexington, SC 29071*