



HAMPDEN COUNTY BAR ASSOCIATION

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Springfield, MA 01102-0559
Phone:(413) 732-4648 ♦ Fax:(413) 732-6882
www.hcbar.org

MEMBERSHIP APPLICATION

Full Name: _____ Date of Birth: _____

Are you a member of a firm? _____ Firm Name: _____

Office Address: _____

City, State, Zip: _____ Email: _____

Office Phone: _____ Fax: _____

Home Address: _____

City, State, Zip: _____ Phone: _____

Please send all mail to my office _____ Please send all mail to my home _____

Education:

College/University: _____

City/State: _____ Degree Received: _____ Year Graduated: _____

Law School: _____

City/State: _____ Degree Received: _____ Year Graduated: _____

Date admitted to Massachusetts Bar or anticipated date: _____ BBO# _____

Have you ever been disciplined, suspended from practice, or disbarred in any state? _____ If yes, please explain on reverse.

ANNUAL DUES

1 st year after admission to Massachusetts Bar.....	FREE
2 nd and 3 rd year after admission to Massachusetts Bar.....	\$ 50.00
4 th and 5 th year after admission to Massachusetts Bar.....	\$ 75.00
6 or more years after admission to Massachusetts Bar.....	\$150.00
Government/Social Service.....	\$ 50.00
Primary Income Bar Advocate Work.....	\$ 50.00
Age 70 and over.....	FREE
Judges.....	FREE
Law Student.....	FREE

Please make checks payable to Hampden County Bar Association or fill out credit card information:

Type of card: VISA /MasterCard /Discover/AmEx Card number: _____

Expiration Date: _____ Security Code (3 or 4 digit code in signature box on back): _____

Billing address, if different: _____

Name on Card: _____

I hereby apply for membership to the HAMPDEN COUNTY BAR ASSOCIATION. By signing below, I agree that I am a current member in good standing of the Massachusetts Bar or I am enrolled as a student in an accredited law school..

Signature of Applicant: _____ Date: _____