



HAMPDEN COUNTY BAR ASSOCIATION

50 State Street, P. O. Box 559
Springfield, MA 01102-0559
Phone: (413) 732-4660 ♦ Fax: (413) 732-6882
www.hcbar.org / admin@hcbar.org

MEMBERSHIP APPLICATION

Full Name: _____ Date of Birth: _____

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

Primary Email Address: _____ Secondary Email Address: _____

Office Address: _____

City, State, Zip: _____ Website: _____

Office Phone: _____ Fax: _____

Home Address: _____

City, State, Zip: _____ Cell Phone: _____

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

Education:

Law School: _____ Year Graduated: _____

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

ANNUAL DUES

1st year after admission to Massachusetts Bar	_____	FREE
2nd year after admission to Massachusetts Bar	_____	\$ 50
3rd year after admission to Massachusetts Bar	_____	\$ 75
4th and 5th year after admission to Massachusetts Bar	_____	\$100
6 or more years after admission to Massachusetts Bar	_____	\$175
Government or Nonprofit	_____	\$ 75
Primary Income Bar Advocate Work	_____	\$ 75
Retired	_____	FREE
Judges	_____	FREE

Please make check 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.***

Signature of Applicant: _____ Date: _____