LAWRENCE BAR ASSOCIATION

APPLICATION FOR MEMBERSHIP

The undersigned hereby applies for membership to the Lawrence Bar Association and submits the following information:

NAME: _____

FIRM NAME [IF ANY] _____

BUSINESS ADDRESS _____

_____

TEL: _____ FAX: _____

E-MAIL: _____

HOME ADDRESS _____

_____

DATE ADMITTED TO PRACTICE BEFORE THE BAR OF THE COMMONWEALTH OF MASSACHUSETTS _____

The applicant agrees to be bound by and observe the constitution, by-laws, canons of ethics, and the rules and regulations of the Lawrence Bar Association.

I hereby certify that I am a member in good standing and authorized to practice in the courts of the Commonwealth of Massachusetts.

The applicant submits herewith the initiation fee of $10.00.

_____ _____

Date

*PLEASE MAIL TO: Treasurer - Lawrence Bar Association
P.O. Box 993
Lawrence MA 01842