

FAIRFIELD COUNTY BAR ASSOCIATION

Date of Application: _____

MEMBER APPLICATION

NAME: _____
(First) (Middle) (Last)

FIRM NAME: _____

ADDRESS: _____
(Street – P.O. Box)

(City, State, Zip Code)

OFFICE PHONE: _____ FAX: _____
(area code) (number) (area code) (number)

E-MAIL ADDRESS: _____

WEB SITE: _____

E - Mail is the preferred method of notice delivery of the FCBA.

Check this box if you request a printed copy when possible.

Ohio Supreme Court # Yr. Admitted to Bar Law School Attended States also admitted in

New Members Only, Provide Personal Bio (Utilized to introduce you to the Bar)

Areas of practice:

Education: (institutions and graduation dates etc.)

Practice history: (former professions or firm associations etc.)