

MEMBERSHIP APPLICATION

Today's Date:			
Name (Last, First):			
Firm Name:			
City:	State:	Zip Code:	
Email:			
Date of Birth:			
Law School(s) & Dates:			
Year licensed in South	Carolina:		
South Carolina State B	ar Number:		
Licensed in another sta	ate:		
Languages spoken flue	ently:		
Practice Areas:			

Membership Fee is \$100 and should be submitted with the application. Make checks payable to the Richland County Bar Assocation. If the applicant is a member of the judiciary or over the age of 65, there is no membership fee.

RICHLAND COUNTY BAR ASSOCATION