



APPLICATION FOR MEMBERSHIP & INVOICE

Membership Term: To be renewed every 12 months from date of sign-up

Please complete and return to:

Somerset County Bar Association • P.O. Box 1095
Somerville, NJ 08876 -1095
Tel: 908-685-2323 • www.somersetbar.com

Name: _____ Tel: _____

Firm: _____ Fax: _____

Address: _____ Email: _____

Law School and Year of Graduation: _____

Admission to NJ Bar (Yr.): _____ Other Bar Admissions (Yr./Court): _____

NJ Attorney ID #: _____

Areas of Practice: _____

ANNUAL DUES:

Regular Membership: \$175.00 \$ _____

Young Lawyer (Admitted within 2 years) or Government Employee Membership: \$88.00 \$ _____

Affiliate Membership (Paralegals, Criminal Justice, Dispute Resolution Affiliates, etc.): \$50.00 \$ _____

Associate Membership for Superior Court Law Clerks & Law Students \$ Waived

Sitting Somerset County Superior Court or Administrative Court Judge \$ Waived

Life Membership - must have been a continuous member of SCBA for 50 years or more \$ Waived

Voluntary Contribution to Somerset County Bar Foundation \$ 50.00

Voluntary Contribution to Legal Services of Northwest Jersey \$ 50.00

Make checks payable to: Somerset County Bar Association **Total Enclosed** \$ _____

We Accept Visa/Mastercard/Discover/Amex Charges

Please print clearly

Name as it appears on your card _____ Circle One:

Card #: _____ Payment Amount: \$ _____ Exp. Date: _____ Visa

Billing Address: _____ Zip Code _____ Mastercard

Signature: _____ Security Code: _____ Date: _____ Discover

Amex

Auto Renewal

I, the undersigned, do hereby apply to the Somerset County Bar Association. In so doing, I agree to pay annual dues to the Association and to notify the Association in writing should I decide to terminate my membership.

Signed: _____ Date: _____

I was referred to the SCBA for membership by _____



COMMITTEE MEMBERSHIP

Membership Term: 1 year (12 months)

Please complete and return to:

Somerset County Bar Association
P.O. Box 1095 Somerville, NJ 08876 -1095
Tel: 908-685-2323 ▪ www.somersetbar.com

PLEASE PRINT OR TYPE NAME: _____

I would like to participate on the following committees (Check All That Apply):

Standing Committees

- Membership
- Newsletter/Website
- Lawyer Referral Service

Substantive Law Committees

- Civil / Chancery Practice
- Criminal / Municipal Practice
- Elder, Estates & Trust Law
- Family Practice
- Real Estate / Zoning / Land Use Law

General Operation Committees

- Solo / Small Firm
- Golf & Tennis (June 2020)
- Continuing Legal Education
- Young Lawyers
- Sponsorship
- Past Presidents

Bar Foundation Committees

- Annual 5K "Legal Runaround" (May 2020)
- Law Day
- Mock Trial (January 2020)

I would like to be considered for:

- | | | |
|---|---------------------------------|--------------------------------|
| • SCBA Trustee / NJSBA Trustee | <input type="checkbox"/> County | <input type="checkbox"/> State |
| • Somerset County Bar Foundation | <input type="checkbox"/> County | |
| • Due Diligence Advisory Committee / NJSBA JPAC | <input type="checkbox"/> County | <input type="checkbox"/> State |
| • SCBA Nominating Committee | <input type="checkbox"/> County | |

I have the following suggestions for activities/improvements for the SCBA:
