



(NEW) MEMBERSHIP APPLICATION(March 2023 through February 2024)

The FAIRFIELD COUNTY BAR ASSOCIATION is a non-profit organization of approximately 900 members that offers concise educational programs and a network of professionals in every area of the law. In addition to your annual dues, members may sign up for a discounted package of six seminar points for \$90.00. Purchasing these points and using them to attend programs will provide you with a savings of approximately 20% per program. We will also provide you with a statement of your CLE credits for your liability insurance carrier when requested. Membership dues are not deductible as a charitable contribution for income tax purposes but may be deductible in part as a business expense.

Section A

NAME

FIRM

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

EMAIL

COLLEGE and YEAR GRADUATED

LAW SCHOOL and YEAR GRADUATED

STATES ADMITTED

Section B PLEASE CHECK THE COMMITTEES YOU WISH TO JOIN

Table with 3 columns of committee options: ADR/CIVIL LITIGATION, APPELLATE, BANKRUPTCY, BENCH/BAR, BUSINESS/CORPORATE, CANNABIS, CRIMINAL, DIVERSITY, EMPLOYMENT, ENTERTAINMENT/MEDIA/ IP, ETHICS & PROFESSIONALISM, FAMILY, IMMIGRATION, LAND USE, LPM & SMALL FIRMS, MUNICIPAL GOVERNMENT, PARALEGAL, PROBATE & ESTATE/ELDER, REAL ESTATE, TAX, WELLNESS, WOMEN IN THE LAW, YOUNG LAWYERS/LAW DAY.

\*\*The Fairfield County Bar Association is an accredited provider for NY & CT CLE\*\*

Section C ANNUAL DUES

Table with 2 columns: Description of dues categories and Amount. Categories include Attorneys admitted to any bar prior to and during 2018 and Other Professionals (\$150.00), Attorneys admitted after 2019 (\$130.00), Law Clerks, Legal Admin./Paralegals (\$80.00), Temporary Assistant Clerks, Law Students - No charge (\$0.00), Online Directory Listing (\$25.00), Discount Package - 6 Seminar Package Points (\$90.00), Donation to the Fairfield County Bar Foundation, Donation to the Judge's Portrait Account.

ENCLOSED IS MY CHECK \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_

CC # \_\_\_\_\_ EXP \_\_\_\_\_ CVV \_\_\_\_\_

BILLING ADDRESS # \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_