



MEMBERSHIP RENEWAL 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

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

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 _____