



NEW MEMBERSHIP APPLICATION (March 2024 through February 2025)

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 \$100.00. 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	_____	ENTERTAINMENT/MEDIA/ IP	_____	PARALEGAL	_____
APPELLATE	_____	ENVIRONMENTAL	_____	PROBATE & ESTATE/ELDER	_____
BANKRUPTCY	_____	ETHICS & PROFESSIONALISM	_____	REAL ESTATE	_____
BENCH/BAR	_____	FAMILY	_____	TAX	_____
BUSINESS/CORPORATE	_____	IMMIGRATION	_____	WELLNESS	_____
CANNABIS	_____	LAND USE	_____	WOMEN IN THE LAW	_____
CRIMINAL	_____	LPM & SMALL FIRMS	_____	WORKERS COMPENSATION	_____
DIVERSITY	_____	MUNICIPAL GOVERNMENT	_____	YOUNG LAWYERS/LAW DAY	_____
EMPLOYMENT	_____				

****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 2020 and Other Professionals	\$150.00	_____
Attorneys admitted after 2020	\$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	\$100.00	_____
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 _____