

**Waukesha County Bar Association
Annual Membership Application
7/1/2021 to 6/30/2022**

Name: _____ State Bar No.: _____

Firm Name: _____

Street (Include Suite Number) City ZIP

Phone: _____ Email: _____

- Practice: () **REGULAR** (Admitted to practice prior to June 30, 2016).....\$65
 () **NEW LAWYER** (Admitted to practice after July 1, 2016).....\$30
 () **JUDICIAL** (active or retired).....\$55
 () **RETIRED** (age 70 and over).....\$30
 () **INACTIVE** (classified as inactive by state bar)\$30

Amount Enclosed: _____ (Payable to WCBA)

Due to CDC Covid-19 guidelines, some events may be virtual. Please check our website at www.waukeshabar.org for further information. Membership may also be renewed online.

Return this application along with membership fees by September 30, 2021, to:

**Waukesha County Bar Association
PO Box 88
Waukesha, WI 53187-0088**