Waukesha County Bar Association Annual Membership Application 7/1/2022 to 6/30/2023

Name:			* State Bar No.:	*
Street (Include Suite Number)			City	ZIP
Phone:			Email:	*
Si	gning up	-	of the same firm? Please simply lis	
		on the lines ben	ow. Ose additional forms as needed	4.
Name		State Bar No.	Practice (see below options)	Email
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Name		State Bar No.	Practice (see below options)	Email
Practice:	()	REGULAR (Admi	\$65	
	()	NEW LAWYER (A	17)\$30	
	()	JUDICIAL (active	\$55	
	()	RETIRED (age 70	\$30	
	()	INACTIVE (classif	\$30	
	Amou	ınt Enclosed: \$ _	(Payable	to WCBA)

Membership may also be renewed online.

Some events may be virtual. Please check our website at www.waukeshabar.org for further information.

Return this application along with payment to: Waukesha County Bar Association

Waukesha County Bar Association PO Box 1387 Waukesha, WI 53187-1387