

**Waukesha County Bar Association
Annual Membership Application
7/1/2023 to 6/30/2024**

Name: _____ * **State Bar No.:** _____ *

(*leave blank if listing multiple members below)

Firm Name: _____

Street (Include Suite Number)	City	ZIP
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Phone: _____ **Email:** _____ *

Signing up multiple members of the same firm? Please simply list all individuals on the lines below. Use additional forms as needed.

Name	State Bar No.	Practice (see below options)	Email
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- Practice:**
- () **REGULAR** (Admitted to practice prior to July 1, 2018).....\$65
 - () **NEW LAWYER** (Admitted to practice on/after July 1, 2018).....\$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)

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
PO Box 1387
Waukesha, WI 53187-1387