Waukesha County Bar Association
Annual Membership Application
7/1/2024 to 6/30/2025

Name:_____* **State Bar No.**:_____*
(*leave blank if listing multiple members below)

Firm Name:_____**
(**or law school name and year (1L, 2L, or 3L) if applying for student membership)

_____
Street (Including Suite Number) **City** **Zip Code**

Phone:_____ **Email**:_____*

Signing up multiple members of the same firm? Please 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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Name State Bar No. Practice (see below options) Email

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Name State Bar No. Practice (see below options) Email

Practice:

( ) **REGULAR** (Admitted to practice prior to July 1, 2019)……$65

( ) **NEW LAWYER** (Admitted to practice on or after July 1, 2019)……$30

( ) **JUDICIAL** (active or retired)……$55

( ) **RETIRED** (age 70 and over)……$30

( ) **INACTIVE** (classified as inactive by state bar) ……$30

( ) **LAW STUDENT** (actively enrolled) ……$0

Amount Enclosed (Payable to WCBA): $ _____

Return this application with payment to:

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

Membership may also be renewed online. Go to www.waukeshabar.org/membership/ for further information.