

**Waukesha County Bar Association
Annual Membership Application
7/1/2025 to 6/30/2026**

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

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

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

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

Practice:

- () **REGULAR** (Admitted to practice prior to July 1, 2020).....\$75
- () **JUDICIAL** (active or retired).....\$65
- () **GOVERNMENT LAWYER** (directly employed).....\$65
- () **RETIRED** (age 70 and over).....\$40
- () **INACTIVE** (classified as inactive by state bar)\$40
- () **NEW LAWYER** (Admitted to practice on or after July 1, 2020).....\$40
- () **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.