

**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

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Practice:

() **REGULAR** (Admitted to practice prior to July 1, 2019).....\$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, 2019).....\$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.