

DCBA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Florida Bar No.: *(required)*

Universities Attended:

Law School Attended:

Date Graduated from law school:

Date of Admission, FLORIDA BAR: *(required)*

Date(s) of Admission, OTHER STATES:

Is practice of law your principal occupation: *(required)*

If not, What is?:

Other Bar Association membership:

List Foreign Languages:

Have you ever been disbarred, suspended, reprimanded or had other disciplinary punishment against you?: *(required)*

Are there any charges pending?: *(required)*

If yes to the prior or pending disciplinary problems, explain here:

FIRM INFORMATION

Firm Name:

Address:

Suite:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

DCBA MEMBERSHIP TYPE (PLACE AN "X" ON THE FAR RIGHT COLUMN)

Regular (Less than 2 Years):

\$70.00

Regular (More than 2 Years):

\$140.00

Government Member (less than 2 years in practice):

\$53.00

Government Member (more than 2 years in practice):

\$105.00

Associate Member (less than 2 years in practice):

\$35.00

Associate Member (More than 2 years in practice):

\$70.00

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: