

STARK COUNTY BAR ASSOCIATION

400 Courtyard Centre Building
116 Cleveland Avenue N.W.
Canton, Ohio 44702-1728

NEW MEMBER APPLICATION QUESTIONNAIRE

Please complete this form and return same to the Stark County Bar Association office.

NAME _____

BUSINESS MAILING ADDRESS _____

_____ BUSINESS PHONE _____

FAX NUMBER _____ EMAIL ADDRESS _____

RESIDENCE ADDRESS _____

RESIDENCE PHONE _____ PERSONAL EMAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MARITAL STATUS _____ NAME OF SPOUSE _____

HIGH SCHOOL _____ GRADUATED IN _____

PRE-LAW COLLEGE _____

GRADUATED IN _____ DEGREE _____

LAW SCHOOL _____

GRADUATED IN _____ DEGREE _____

ADMITTED TO PRACTICE (YEAR) _____ WHERE _____

INDICATE NATURE OF PRACTICE _____

MILITARY SERVICE _____

List below the history of your practice from the date of admission to the Bar to the present time, giving dates, names of associates or partners and locations.

I hereby certify that the foregoing is true, and consent to the Bar Office revealing the above facts in answer to any inquiry concerning my professional standing.

Date

Signature

Enclosed check in the amount of \$ _____ representing dues for the year _____.

Attorney Registration Number _____.