

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 _____

HAVE YOU SERVED IN A BRANCH OF THE ARMED SERVICES? _____

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 _____.