

LEXINGTON COUNTY BAR ASSOCIATION, INC.

NEW MEMBER INFORMATION

Name of Applicant: _____

Firm or Company: _____

Business Address: _____

City, State, Zip Code: _____

Business Phone: _____

E-Mail: _____

Business Fax: _____

Law School: _____

SC State Bar #: _____

County of Residence: _____

Are you a member of the bar in any other state(s)? Yes _____ No _____

If so, what state(s)? _____

By signing this form, I understand that I am applying for membership with the LCBA, and I certify that I am currently licensed to practice law in South Carolina and that all information provided by me in this application is true and correct.

Applicant Signature

Date