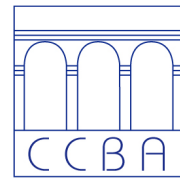


**CHESTER COUNTY BAR ASSOCIATION
Membership Application**



Name: _____ "Preferred Nickname": _____

PA Supreme Court ID # (5 digit): _____ PA Supreme Court Date of Admission: _____

PA MANDATORY CLE GROUP: ___ Group 1/April 30; ___ Group 2/August 31; ___ Group 3/December 31

Gender: _____ M _____ F Birth Date: _____

BUSINESS INFORMATION

Name of Law Firm: _____

Primary Address *(include street, P.O. box, city, state & zip)*:

Business Telephone: _____ Business Fax Telephone: _____

E-mail: _____ Web address: _____

PERSONAL BACKGROUND

Other Bar Admissions *(state/federal)*: _____

Association Memberships: _____

College/Law School *(include year graduated)* _____

Name of Spouse: _____ Home Address: _____

_____ Home Telephone: _____

CLASS OF MEMBERSHIP:

<i>MEMBERSHIP CATEGORY (please choose one)</i>	<i>2008 ANNUAL DUES & ASSESSMENT (based on Year of Admission to PA Bar)</i>
<input type="checkbox"/> Regular Member - any member of the Bar of the Supreme Court of PA who maintains his/her principal office for the practice of law in Chester County.	<input type="checkbox"/> 5 years + : \$260 (\$220.00 dues + \$40.00 assessment) <input type="checkbox"/> 3-5 years: \$210 (\$170.00 dues + \$40.00 assessment) <input type="checkbox"/> 0-2 years: \$175 (\$135.00 dues + \$40.00 assessment)
<input type="checkbox"/> Affiliate Member - Any attorney who does not maintain his/her principal office for the practice of law in Chester County.	<input type="checkbox"/> Affiliate: \$260 (\$220.00 dues + \$40.00 assessment)
2008 Chester County Bar Foundation <input type="checkbox"/> CCBF Dues <i>(optional)</i> ~ \$60 <i>My Pledge to become a Fellow:</i> <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$500 (per year for 3 yrs.) <input type="checkbox"/> \$300 (per year for 5 yrs.)	

The Annual Dues listed above are for the period **1/1/08 - 12/31/08**. You are welcome to remit payment with this application or pay from an invoice that will be provided after application is submitted. **Contact Lillian Taliercio at CCBA 610-692-1889 or email Lillian at ltaliercio@chescobar.org if you need further membership information.**

SIGNATURE: _____ DATE: _____

**RETURN FORM TO: CHESTER COUNTY BAR ASSOCIATION,
15 WEST GAY STREET, 2ND FLOOR, WEST CHESTER, PA 19380**