



Membership Application

Please check a membership type (check one)

- | | | | |
|--------------------------|-----------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Regular Member* | <input type="checkbox"/> | Paralegal Member (\$45) |
| <input type="checkbox"/> | Associate Member* | <input type="checkbox"/> | Student Member (\$25) |
| <input type="checkbox"/> | Law School Affiliate* | | |

*Dues are based on your date of admittance to the State Bar of Michigan. To see the dues schedule visit the OCBA website at www.ocba.org/ocba-faq/

\$ _____

Additional memberships and contributions (check all that apply)

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Sustaining Member (add \$100) | \$ _____ |
| <input type="checkbox"/> | Lawyer Referral Service** (add \$150) | \$ _____ |
| <input type="checkbox"/> | Oakland County Bar Foundation donation | \$ _____ |
| <input type="checkbox"/> | Legal Aid donation | \$ _____ |

**Download, fill out and sign the LRS Agreement and referral code sheet from the OCBA website at <http://www.ocba.org/resources-for-attorneys/lawyer-referral-service/> and return it to the LRS clerk at lrs@ocba.org, or mail or fax to the information below.

Total Amount due \$ _____

Business information

(Mr./Ms./Mrs.) Name: _____

P#: _____ Email: _____

Firm/Company Name: _____

Firm Size (please check one, if applicable):

- | | | | |
|--------------------------|----------------------|--------------------------|--|
| <input type="checkbox"/> | Large Law Firm | <input type="checkbox"/> | Solo/Small Firm (10 attorneys or less) |
| <input type="checkbox"/> | Business/Corporation | <input type="checkbox"/> | Government |

Business street address: _____

City/State/Zip Code: _____

Business Phone/Fax: (____) _____ / (____) _____

Mail or fax application to: Oakland County Bar Association
1760 S. Telegraph Rd., Suite 100, Bloomfield Hills, MI 48302; Fax (248) 334-7757

QUESTIONS? Call (248) 334-3400



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Personal information

Home address: _____

City/State/Zip Code: _____

Home Phone/Fax: (____) _____ / (____) _____

Date of Birth: _____ Spouse's name: _____

Law School: _____

Graduation Date: _____ Date admitted to practice: _____

Please help us serve you better by answering the following questions.

Why did you join the OCBA? _____

What type of law do you practice? _____

What member services are important to you? _____

What other bar associations (excluding the State Bar of Michigan) do you currently belong to? _____

List the committees you would like to become involved on:

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PAYMENT OPTIONS

To pay by credit card: Click the Join Today tab at <http://www.ocba.org>

Scan the QR code with
your smartphone to
be taken directly to
the OCBA website



To pay by check: Mail this form with your check made payable and send to:
Oakland County Bar Association, 1760 S. Telegraph Rd., Ste. 100, Bloomfield
Hills, MI 48302

ATTORNEYS: By signing this membership application you are confirming that you are licensed to practice law in Michigan and are a member in good standing with the State Bar of Michigan.

PARALEGALS: By signing this membership application you are confirming that you are qualified through education, training or work experience and employed or retained by a lawyer, law office, governmental agency, or other entity in performance of legal services not primarily clerical or secretarial under the ultimate direction and supervision of a licensed attorney.

STUDENTS: By signing this membership application you are confirming that you attend an ABA-approved law school, are registered to take the next scheduled bar examination, or awaiting your Michigan bar examination result

Applicant signature / Date

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