

OCBA Membership Application

Please Check Membership Type

Sustaining

Regular

Associate

Law School Affiliate

Paralegal

Legal Student

Amount \$ _____

Check the box if you are member in good standing with the State Bar of Michigan and desire to become a member of the OCBA.

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

P# _____

Firm/Company Name _____

Business/Mailing Address _____

City/State/Zip _____

Business Phone () _____

Business Fax () _____

E-mail _____

Residence Address _____

City/State/Zip _____

Residence Phone () _____

Residence Fax () _____

Date of Birth _____ Spouse's Name _____

Law School _____

Grad Date _____

Date of Admission to Practice _____

Please Check Industry Type

- Law Firm
- Business/Corporation
- Solo/Small Firm (10 or less)
- Government

Voluntary Fees

- \$10 Foundation
- \$10 Legal Aid Assistance Fund

Signature of Applicant: _____

Payment Options (make payable to OCBA:

Check # _____ Visa _____ MasterCard _____

Name as it appears on credit card _____

Card Number _____ Expiration Date _____

Authorized Signature: _____

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 other bar association (excluding the State Bar) do you currently belong to?

What member services are important to you?

List your requested committees:

Please fax to (248) 334-7757.

Thank you and welcome to the Oakland County Bar Association!