



CHARLESTON COUNTY BAR ASSOCIATION MEMBERSHIP APPLICATION

Date: _____

- New Member
- Current Member (Renewal)
- Previous Member (last year of membership: _____)

Name: _____

Email: _____

Telephone: _____

Facsimile: _____

Firm/Office Name: _____

Mailing Address: _____

Year admitted to practice: _____

Law Practice Areas: _____

Bar Committee Interests: _____

Please complete this form and send with your Charleston Bar Dues check, \$115.00, made payable to Charleston County Bar Association to:

Charleston County Bar Association
Post Office Box 21136
Charleston, South Carolina 29413

Payment of Dues – If you pay through the South Carolina Bar or electronically, complete this form; mail it or scan and send to secretary@charlestoncountybar.org.