

**WILL COUNTY BAR ASSOCIATION AFFILIATE  
MEMBERSHIP / RENEWAL APPLICATION 2020-2021**

Membership year July 1, 2020-June 30, 2021  
Please print neatly or type. Complete all areas.

**WILL COUNTY BAR ASSOCIATION**  
167 N. OTTAWA STREET, SUITE 101  
JOLIET, IL 60432  
815-726-0383  
[www.willcountybar.net](http://www.willcountybar.net)

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Affiliate Members:** Any non-attorney who is integrally involved in the legal community as a paralegal, legal assistant, law firm administrator, legal secretary, court manager or other court staff. Legal Community Members are not eligible to vote and/or run for the Board of Directors. Any person who is not admitted to practice law and does not qualify for membership under other categories may apply and become an Affiliate Member, as determined by the Board of Directors in its sole discretion. These are typically individuals associated with firms or businesses that provide services to the legal community. Affiliate Members are not eligible to vote and/or run for the Board of Directors nor are they eligible to be appointed as a committee chair. Affiliate members are not allowed to attend CLE events, unless they pay.

**Affiliate Dues are \$100.00.**

**Current dues expire June 30, 2020.**

Benefits include member rates to attend social events and receipt of the weekly emailed newsletter.

Payment via cash, check, or credit card payable to **Will County Bar Association** for dues must accompany application. If paying by credit card please include a 2.75% processing fee charged by the credit card company.

The undersigned hereby applies for membership in the Will County Bar Association and agrees to abide by the WCBA's Constitution and By-Laws during membership period.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL APPLICATION WITH PAYMENT TO: WILL COUNTY BAR ASSOCIATION, 167 N Ottawa St, Suite 101, Joliet, IL 60432**

**CHECK/CASH PAYMENT**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Please indicate if you would like a receipt emailed to you.

Email Address \_\_\_\_\_

**CREDIT CARD PAYMENT**

Visa  MasterCard  Amex  Other \_\_\_\_\_

Amount \$ \_\_\_\_\_ + 2.75% = Total \$ \_\_\_\_\_ on card.

(ALL INFORMATION BELOW IS REQUIRED)

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address & Zip Code \_\_\_\_\_

Signature \_\_\_\_\_