

**WILL COUNTY BAR ASSOCIATION ATTORNEY
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

Attorney Name: _____

Firm Name: _____

Total Number of Attorneys in your firm/office, including you: _____

Office Address: _____

City, State, Zip Code: _____

Office Phone: _____ Office Fax: _____

Email Address: _____

Date admitted to practice in IL: _____ ARDC #: _____

Private practice attorneys: dues based on length of admittance to the IL Bar.

<u>Less than 1 year</u>	<u>Free</u>	<u>Age Over 70</u>	<u>Free</u>
1-3 yrs	140.00		
4-5 yrs	150.00		
Over 5 yrs	190.00		

\$20.00 of every private attorney's dues is contributed to:
Prairie State Legal Services/Will County Office
The Legal Aid Assessment is mandatory.

Full Time Government Attorneys: Total dues are \$100.00

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 card company.

Current dues expire June 30, 2020 and are due by July 31, 2020.

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
EMAIL TO info@willcountybar.org**

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: _____

2020-2021 WILL COUNTY BAR ASSOCIATION COMMITTEE REGISTRATION FORM

Immediately below are the current active committees. Please indicate the committees you currently participate in and/or those you are interested in joining. If you are a chairman/co-chairman, please indicate by placing a C on the line next to the committee name.

_____ Civil Practice

Special Events:

_____ Criminal Practice

_____ Ask A Lawyer Day/Law Day

_____ Family Law

_____ Golf Outing

_____ GAL

_____ Local Government Law

_____ Probate & Estate Law

_____ Real Estate Law

_____ Social Events Committee

_____ Technology Committee

_____ Young Lawyers

Name: _____

Phone/Fax: _____

E-Mail: _____