

**WILL COUNTY BAR ASSOCIATION ATTORNEY
MEMBERSHIP / RENEWAL APPLICATION 2026-2027**

Membership year July 1, 2026 -June 30, 2027
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.

Less than 2 Years & Age Over 70 Free

2-3 Years \$120.00

4-5 Years \$130.00

Over 5 Years \$170.00

* If you are a member of another Will County Organized Bar Association, you are eligible for an additional \$50 discount. Please see page #2 for details.

* \$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 3.1% plus \$0.30 processing fee charged by the card company.

Current dues expire June 30, 2026 and are due by July 31, 2026.

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: \$ _____ + 3.1% + \$0.30 = Total \$ _____ on card.

(ALL INFORMATION BELOW IS REQUIRED)

Card #: _____

Expiration Date: _____ 3 Digit Code: _____

Name on Credit Card: _____

Billing Address & Zip Code: _____

Signature: _____

2026-2027 WILL COUNTY ORGANIZED BAR ASSOCIATION MEMBERSHIP DISCOUNT

A new member applying for the Association or a member of the Association submitting payment for his/her assignment, is eligible for a \$50 deduction from his/her total assessment if he/she is a member in good standing of another Will County Organized Bar Association, specifically the ***Will County Womens Bar Association, Will County Black Bar Association or the Will County Latino Bar Association***. **If you are not a member of one of these organizations, you are not eligible for the discount.** Will County Organized Bar Association means a bar association that has existed for a minimum of three (3) years and does not discriminate in its membership practices on the basis of sex, race, age, religion, handicap, sexual orientation, or national origin. To be eligible for the \$50 deduction, the new member of the Association or member of the Association must sign the below statement that he/she is a current member in good standing of a Will County Organized Bar Association, other than the Association, in his/her application or at the time of payment of the assessment. If any new member of the Association or member of the Association is found to have provided false information, the Board of Directors reserves the right to assess a penalty or terminate said individual's membership to the Association. Only one discount will be applied for one or multiple bar association memberships.

Name of Will County Organized Bar Association(s) Member of for 2026-2027 Membership Year: Will County Women's Bar Association, Will County Black Bar Association **OR** Will County Latino Bar Association.

The undersigned hereby indicates they are a current member in good standing of the above-mentioned Will County Organized Bar Association and is eligible for a \$50 deduction from Will County Bar Association Dues. Signer agrees to abide by the rules outlined for this discount.

Applicant Signature: _____ **Date:** _____

2026-2027 WILL COUNTY BAR ASSOCIATION COMMITTEE REGISTRATION

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 | <u>Special Events:</u> |
| _____ Criminal Practice | _____ Golf Outing |
| _____ Family Law | _____ Social Events/Community Service |
| _____ GAL | |
| _____ Law Practice Management | |
| _____ Probate & Estate Law | |
| _____ Real Estate Law | |
| _____ Young Lawyers | |