ST. CLAIR COUNTY BAR ASSOCIATION
Membership Application

****

I, _____, P#_____ hereby apply for membership in the St. Clair County Bar Association.

In support of this application, I hereby state and certify the accuracy of the following information:

1. That I am an active member in good standing of the State Bar of Michigan.
2. My email address is _____
3. My present residence (include County) _____

   _____
4. Length of time at this residence _____
5. Date of admission to the Michigan State Bar _____
6. Date of birth _____
7. Location of my principal law office (include County) _____

   _____
8. Names of counties wherein I maintain active practice _____

   _____
9. Percentage of legal practice in St. Clair County _____
10. Present judicial position (if applicable) _____

_____
Applicant

STATE OF MICHIGAN)
) ss
COUNTY OF _____)

On this _____ day of _____, ___, before me personally came the above mentioned Applicant and made oath that he/she has read the foregoing Membership Applicable by him/her subscribed, and knows the contents thereof, and that the same is true of his/her own knowledge.

_____ Notary public,
State of Michigan, County of _____
My commission expires: _____
Acting in the County of _____

****

The undersigned two members of the St. Clair Bar Association do hereby endorse the above applicant and vouch to his/her good character and reputation in and out of the profession of law.

_____ _____

Please note that our annual dues are $100.00 *(July 1 through June 30; dues are <u>not</u> prorated).* Payment should be remitted to "St. Clair County Bar Association" and mailed to Meghan McGlynn, Treasurer, 511 Fort Street, Suite 505, Port Huron, MI 48060