



# APPLICATION FOR MEMBERSHIP & INVOICE

Membership Term: To be renewed every 12 months from date of sign-up

Please complete and return to:

Somerset County Bar Association • P.O. Box 1095  
Somerville, NJ 08876 -1095  
Tel: 908-685-2323 • www.somersetbar.com

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Firm: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Law School and Year of Graduation: \_\_\_\_\_

Admission to NJ Bar (Yr.): \_\_\_\_\_ Other Bar Admissions (Yr./Court): \_\_\_\_\_

NJ Attorney ID #: \_\_\_\_\_

Areas of Practice: \_\_\_\_\_

### ANNUAL DUES:

Regular Membership: \$195.00 (\$215.00 after May 31) \$ \_\_\_\_\_

Young Lawyer (Admitted within 2 years) or Government Employee Membership: \$98.00 \$ \_\_\_\_\_

Affiliate Membership (Paralegals, Criminal Justice, Dispute Resolution Affiliates, etc.): \$70.00 \$ \_\_\_\_\_

Associate Membership for Superior Court Law Clerks & Law Students \$ Waived

Sitting Somerset County Superior Court or Administrative Court Judge \$ Waived

Life Membership - must have been a continuous member of SCBA for 50 years or more \$ Waived

Voluntary Contribution to Somerset County Bar Foundation \$ 50.00

Voluntary Contribution to Legal Services of Northwest Jersey \$ 50.00

Make checks payable to: Somerset County Bar Association **Total Enclosed** \$ \_\_\_\_\_

## We Accept Visa/Mastercard/Discover/Amex Charges

Please print clearly

Name as it appears on your card \_\_\_\_\_ Circle One:

Card #: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Visa

Billing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Mastercard

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_ Date: \_\_\_\_\_ Discover

Amex

**Auto Renewal**

I, the undersigned, do hereby apply to the Somerset County Bar Association. In so doing, I agree to pay annual dues to the Association and to notify the Association in writing should I decide to terminate my membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I was referred to the SCBA for membership by \_\_\_\_\_



# COMMITTEE MEMBERSHIP

Membership Term: 1 year (12 months)

*Please complete and return to:*

Somerset County Bar Association  
P.O. Box 1095 Somerville, NJ 08876 -1095  
Tel: 908-685-2323 ▪ www.somersetbar.com

PLEASE PRINT OR TYPE NAME: \_\_\_\_\_

**I would like to participate on the following committees (Check All That Apply):**

### Standing Committees

- Membership
- Newsletter/Website
- Lawyer Referral Service

### Substantive Law Committees

- Civil / Chancery Practice
- Criminal / Municipal Practice
- Elder, Estates & Trust Law
- Family Practice
- Real Estate / Zoning / Land Use Law

### General Operation Committees

- Solo / Small Firm
- Golf & Tennis (June 29, 2021)
- Continuing Legal Education
- Young Lawyers
- Sponsorship
- Past Presidents

### Bar Foundation Committees

- Annual 5K "Legal Runaround" (May 2021)
- Law Day
- Mock Trial (January 2022)

**I would like to be considered for:**

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| • SCBA Trustee / NJSBA Trustee                  | <input type="checkbox"/> County | <input type="checkbox"/> State |
| • Somerset County Bar Foundation                | <input type="checkbox"/> County |                                |
| • Due Diligence Advisory Committee / NJSBA JPAC | <input type="checkbox"/> County | <input type="checkbox"/> State |
| • SCBA Nominating Committee                     | <input type="checkbox"/> County |                                |

**I have the following suggestions for activities/improvements for the SCBA:**

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