



LACKAWANNA BAR ASSOCIATION— MEMBERSHIP PROFILE

Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ Attorney ID #: _____

Firm Name: _____

Mailing Address: _____

Tel. # () _____ Fax # () _____ E-mail address: _____

College/University: _____ Year: _____

Law School: _____ Year: _____

Year first admitted to practice in any jurisdiction: _____

First Year of Membership with the Pennsylvania Bar Association: _____

First Year of Membership with the Lackawanna Bar Association: _____

Are you a member of the American Bar Association? [] Yes [] No

Are you admitted to practice before any court other than the Supreme Court of Pennsylvania?

[] Yes [] No If yes, list: _____

Are you a government attorney? [] Yes [] No If yes, please circle one: **Federal** **State**

Primary areas of practice: _____

Compliance Month/CLE Deadline (Please circle one): **April** **August** **December**

Preferred Lackawanna Jurist delivery method: **E-Mail** **Direct Mail**

Are you interested in participating in the *Lawyer Referral Program*? [] Yes [] No

Identify Foreign Languages spoken by you or a member of your firm: _____

I agree to allow the Lackawanna Bar Association to send association-related correspondence to the fax, e-mail and mailing address listed above. This mailing information may be published in the legal directory.

(Signature)

(Date)

For Internal Use Only:

Database: _____ Jurist: _____ Quick Books _____ Directory: _____ File: _____