

SOUTH CAROLINA BAR ASSOCIATE MEMBERSHIP APPLICATION

Please complete and return this application to the address below along with a letter of good standing from the state in which you are currently licensed to practice. You must also submit payment for Associate member license fees in the amount of \$175 made payable to South Carolina Bar.

The South Carolina Bar maintains a permanent file on each member. You must notify the Bar of any address or status change.

Name _____
First Middle Last

Preferred Mailing Address: *(Address, phone numbers and e-mail will be published in the Deskbook)*

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____ Extension _____

FAX () _____ - _____

E-Mail Address _____

Spouse's Name _____

Bar Membership(s)

_____ *State* _____ *Month/Year Admitted* _____ *State* _____ *Month/Year Admitted*

Date of Graduation from Law School _____

Name of Law School _____

Date of Birth _____ Place of Birth _____

Signature

RETURN TO:
Latoya K. Jackson
Records Administrator
South Carolina Bar
Post Office Box 608
Columbia, South Carolina 29202