

**Washtenaw County Bar Association  
APPLICATION AND MEMBERSHIP RECORD**

2024-2025

Name \_\_\_\_\_ P Number \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 Mailing address (if different) \_\_\_\_\_  
 Phone \_\_\_\_\_ Facsimile \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Website URL \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Home/Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Spouse/Significant Other \_\_\_\_\_  
 When and where first admitted to *Michigan* Bar (if different) \_\_\_\_\_  
 Other languages in which you are fluent \_\_\_\_\_  
 Area(s) of Practice \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DUES FOR JULY 1, 2024 - JUNE 30, 2025**

_____ Admitted to Michigan Bar before July 1, 2019	\$ 190.00	
_____ Admitted to Michigan Bar from July 1, 2019 – June 30, 2023	\$ 160.00	
_____ Admitted to Michigan Bar from July 1, 2023 – Present	\$ 80.00	
_____ Associate (Paralegal or Law Student)	\$ 50.00	\$ _____

**MEMBERSHIPS IN SUBSTANTIVE LAW SECTIONS**

_____ Alternative Dispute Resolution	_____ Intellectual Property
_____ Bankruptcy Law	_____ Juvenile Law
_____ Business & Tax Law	_____ Labor and Employment Law
_____ Criminal Law	_____ LGBTQ Rights
_____ Estate Planning, Probate & Trust Law	_____ Real Estate and Environmental Law
_____ Family Law	_____ Solo/Small Firm
_____ Federal Practice	_____ Trial Practice
_____ Immigration Law	

First section: \$15 .....\$ \_\_\_\_\_  
 \$10.00 X \_\_\_\_\_ (each additional section after the 1<sup>st</sup> section)... \$ \_\_\_\_\_  
**WCBA Donations Fund for community service, library,  
 and technology (suggested donation: \$50) .....\$ \_\_\_\_\_**  
**TOTAL ENCLOSED.....\$ \_\_\_\_\_**

*Annual membership includes a one year subscription to the Res Ipsa Loquitur and the Washtenaw County Legal News.*

Please make checks payable to: **WASHTENAW COUNTY BAR ASSOCIATION**  
 Mailing Address: WCBA, P.O. Box 8645, Ann Arbor, MI, 48107 Phone: 734-994-4912  
 Fax: 734-663-2430 Email Address: washbar@washbar.org

Or check here to charge to VISA, MasterCard or Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 CVC \_\_\_\_\_ Signature \_\_\_\_\_

OFFICE USE ONLY: Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ The Associate \_\_\_\_\_