



MEMBERSHIP APPLICATION

Today's Date: _____

Name (Last, First): _____

Firm Name: _____

Business Phone: _____

Business Fax: _____

Street Address: _____

P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Date of Birth: _____

Law School(s) & Dates: _____

Year licensed in South Carolina: _____

South Carolina State Bar Number: _____

Licensed in another state: _____

Languages spoken fluently: _____

Practice Areas: _____

Membership Fee is \$100 and should be submitted with the application. Make checks payable to the Richland County Bar Association. If the applicant is a member of the judiciary or over the age of 65, there is no membership fee.

RICHLAND COUNTY BAR ASSOCIATION

Physical Address: 950 Taylor Street, Third Floor, Columbia, SC 29201 | Mailing Address: PO Box 7632, Columbia, SC 29202

Phone: 803.771.9801 | Fax: 803.799.4118

Email: rcba@scbar.org | Website: www.richbar.org | Facebook  | LinkedIn 