

STUDENT MEMBERSHIP APPLICATION
2017-18
ROCKLAND COUNTY BAR ASSOCIATION
337 North Main Street, Suite 1, New City, NY 10956
845-634-2149
www.rocklandbar.org

STUDENTS – Annual Fee: \$20

NAME: _____ **Date:** _____

HOME ADDRESS: _____

ADDRESS WHERE YOU WOULD LIKE TO RECEIVE MAIL:

Telephone # _____ **Fax:** _____

Most of our communication is via email. E-Mail: _____

The undersigned hereby applies for Student membership in the Rockland County Bar Association and certifies as follows:

Presently Enrolled in _____ **Law School** **Date:** _____

_____ **Undergraduate School** _____ **Date:** _____

Date and place of Birth: _____

Other Languages Spoken: _____

The New Lawyers & Social Committee meets periodically- to receive notice of this meeting, check box

The monthly Newsletter, *Newsbrief*, is on our web site, www.rocklandbar.org and it is also emailed to all Members.

Application fee of \$20 must accompany this application

Applicant's Signature