

ARAPAHOE COUNTY BAR ASSOCIATION

APPLICATION FOR MEMBERSHIP

Last Name: _____ First Name: _____ Middle Initial: _____

Attorney Registration #: _____ Email: _____

Law Firm or Business: _____

Business Address: _____ Business Phone: _____

_____ Business Fax: _____

Home Address: _____ Home Phone: _____

Please send mail to (circle one): Business address Home address

Date of Birth: _____

Law School Attended: _____ Year of Graduation: _____

Date Admitted to Practice in Colorado: _____

Are you admitted to practice in other states? ___ Yes ___ No

If "yes", please list states, dates of admission, and status (active or inactive) _____

Are you already a member of the Colorado Bar Association? ___ Yes ___ No

Annual Membership Categories and Dues:

Government Employees	\$115.00
Senior (licensed 4+ years)	\$140.00
Junior (6 months to 3 years)	\$ 80.00
New Admittee (0 to 6 months)	Free till next fiscal year- August 1st
Associate members (non-attorneys)	\$ 50.00
Student (at an accredited law school)	\$ 0.00
Retired (70+ years)	\$50.00
Inactive (inactive Colorado license)	\$50.00

Please return completed form payment to:
Arapahoe County Bar Association
P.O. Box 2587
Centennial, CO 80161

Fax: 303-991-6034 | Tel. 303-797-2227 | info@arapbar.org