

# Membership Application



## LOUISVILLE BAR ASSOCIATION

Pride in the profession. Service to the community.

Founded in 1900, the LBA is the oldest continually operating bar association in Kentucky.

Offers more CLE seminars than any other provider in the state.

Has more than 3,100 active attorney members.

Provides opportunities for members to join any of the 18 law sections.

Partners with the Louisville Pro Bono Consortium, helping to provide opportunities for attorneys to assist low-income individuals and non-profit organizations with needed legal services.

Publishes *Bar Briefs*, a monthly newspaper, which provides news and information to members about the legal profession.

Operates the Kentucky Lawyer Referral Service, a resource for individuals seeking an attorney.

Maintains a Web site at [www.loubar.org](http://www.loubar.org), a resource for online information regarding membership, CLE seminars, legal news, and online attorney roster.

Offers a variety of member benefits including health, life, disability, and malpractice insurance.



# LBA Membership Application

## APPLICANT INFORMATION

Name: \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_\_\_  
First Middle Last

Firm/Business Name: \_\_\_\_\_

Office Address Building: \_\_\_\_\_

Street: \_\_\_\_\_ Ste./Fl./Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Spouse: \_\_\_\_\_

Residence Address Building: \_\_\_\_\_

Street: \_\_\_\_\_ Ste./Fl./Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Send mail to  my office  my residence

Photograph  I have enclosed or e-mailed a photograph for the Pictorial Roster.

Minimum requirements: Enclosed photo must be a professional 5x7, or  
E-mailed photo must be a professional 5x7, jpg format, 300 dpi, and  
e-mailed to kkasey@loubar.org.

Optional Information: (for office use only) Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
F/M

## MEMBERSHIP TYPE

- Check one:  Attorney (complete A, F, G, H)  Allied Professional (complete D, F, G, H)  
 Paralegal (complete B, F, G, H)  Legal Support Associate (complete E, F, G, H)  
 Law Student (complete C, F, G, H)  Subscriber (complete F, G, H)

## SECTION A - ATTORNEY MEMBERSHIP

Law School Graduated: \_\_\_\_\_ Year: \_\_\_\_\_ Law Degree: \_\_\_\_\_

Admitted to practice in State: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_  
State: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_  
State: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_

Membership Category (check one):

- Resident Member (residence or office located in Jefferson County, Kentucky)  
 Non-Resident Member (no residence nor office located in Jefferson County, Kentucky)  
 Counselor Emeritus (been in practice more than 50 years and/or is at least 75 years of age)  
 Inactive Member (retired or not engaged in the active practice of law and from all other professional endeavors)  
 Judicial Member (sitting Justice, Magistrate, or Judge of the Kentucky Court of Justice or of Federal Courts)  
 Government/Public Service Attorney Member (fulltime employee of a nonprofit legal public service organization or any local, state, or federal government agency)

## SECTION B - PARALEGAL MEMBERSHIP

Paralegals must be working under the supervision and direction of a licensed attorney who is in good standing with the Kentucky Bar Association or the bar of any other state.

School: \_\_\_\_\_ Year: \_\_\_\_\_ Degree: \_\_\_\_\_

An Affidavit of Sponsorship (a separate form) must accompany this application. Call the LBA office for a copy.

**SECTION C - LAW STUDENT MEMBERSHIP**

Law School Attending: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
 Permanent Address Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION D - ALLIED PROFESSIONAL MEMBERSHIP**

Allied Professional membership is open to non-attorneys in the Louisville and southern Indiana area who are members in good standing of regulated professions.

Professional Title & Name of Licensing/Certifying Authority: \_\_\_\_\_  
 Year in which professional license/certification received: \_\_\_\_\_ License/Certification: \_\_\_\_\_

**SECTION E - LEGAL SUPPORT ASSOCIATE**

Open to Legal Secretaries, Court Reporters, Law Clerks and other support staff who are currently employed full-time in the legal profession.

Years in profession: \_\_\_\_\_ Degree or certification earned: \_\_\_\_\_ Year: \_\_\_\_\_

**SECTION F - LAW SECTION SIGN-UP** (\$10 fee per section)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Appellate Practice        | <input type="checkbox"/> Health Law            | <input type="checkbox"/> Probate & Estate  |
| <input type="checkbox"/> Bankruptcy                | <input type="checkbox"/> In-house Counsel      | <input type="checkbox"/> Real Estate Planning & Zoning                             |
| <input type="checkbox"/> Business Law              | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Social Security   |
| <input type="checkbox"/> Criminal Practice         | <input type="checkbox"/> Labor & Employment    | <input type="checkbox"/> Solo Practitioner   |
| <input type="checkbox"/> Environmental Law         | <input type="checkbox"/> Litigation            | <input type="checkbox"/> Taxation  |
| <input type="checkbox"/> Family Law                | <input type="checkbox"/> Mediation/Arbitration | <input type="checkbox"/> Young Lawyers (free first year licensed to practice only) |
| <input type="checkbox"/> Government/Public Service |  |  |

**SECTION G - MEMBERSHIP FEE AND PAYMENT**

Attorney members shall pay dues calculated from the first year they are admitted to a state bar and according to the following scale.

DUES SCALE				PAYMENT INFORMATION	
<u>Years of Practice</u>	<u>Resident Attorney</u>	<u>Govt./ Public Service Attorney</u>	<u>Judicial Member</u>		
Year of admission	free	free	free	Membership dues	\$ _____
In second year	\$85	\$60	\$60		+
In third year	\$95	\$70	\$70	Section dues (\$10 per section)	\$ _____
In fourth year	\$115	\$85	\$85	Total	\$ _____
In fifth year	\$140	\$105	\$105	<input type="checkbox"/> Check enclosed in the amount of \$ _____	
In sixth year or after	\$170	\$125	\$125	<input type="checkbox"/> Charge the amount of \$ _____	
Non-Resident Member	\$85			<input type="checkbox"/> Visa	
Inactive Member	\$85			<input type="checkbox"/> MasterCard	
Counselor Emeritus	\$0			<input type="checkbox"/> American Express	
Law Student Member	\$15			<input type="checkbox"/> Discover	
Allied Professional	\$170			Card #: _____	
Paralegal Member	\$65			Expiration date: _____ v-Code: _____	
Legal Support Assoc.	\$65			Name on card: _____	
Subscriber Member	\$85				

**SECTION H - SIGNATURE**

I certify that the information provided in this application is accurate, authorize the Louisville Bar Association to verify information as need, and understand that this membership application will be presented to the Board of Directors for approval in accordance with the Bylaws at their next scheduled meeting.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_