

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, 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

NOTE: If your mail is being sent to your home and no other address is given, your home address will be published in the roster unless otherwise specified.

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

Minimum photo requirements:

Enclosed photo must be a professional 5x7, or

E-mailed photo must be a professional 5x7, jpg format, 300 dpi, and

E-mail to kkasey@loubar.org

NO PASSPORT PHOTOS WILL BE ACCEPTED

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

MEMBERSHIP TYPE

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

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 - LAW STUDENT MEMBERSHIP

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

SECTION C - 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 D- 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 E - 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 F - 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* *(Fall of '13/Spring '14)	free	free	free	Membership dues	\$ _____
In second year	\$90	\$60	\$60		+
In third year	\$100	\$70	\$70	Section dues (\$10 per section)	\$ _____
In fourth year	\$120	\$85	\$85	Total	\$ _____
In fifth year	\$145	\$105	\$105	<input type="checkbox"/> Check enclosed in the amount of	\$ _____
In sixth year	\$175	\$125	\$125	<input type="checkbox"/> Charge the amount of	\$ _____
In seventh + year	\$180	\$125	\$125	<input type="checkbox"/> Visa	
Non-Resident Member	\$85			<input type="checkbox"/> MasterCard	
Inactive Member	\$85			<input type="checkbox"/> American Express	
Counselor Emeritus	\$0			<input type="checkbox"/> Discover	
Law Student Member	\$15			Card #: _____	
Allied Professional	\$170			Expiration date: _____ v-Code: _____	
Paralegal Member	\$50			Name on card: _____	
Legal Support Assoc.	\$65				
Subscriber Member	\$85				

SECTION G - SIGNATURE

I certify that the information provided in this application is accurate, authorize the Louisville Bar Association to verify information as needed, 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: _____