

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 20 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 website at www.loubar.org, a resource for online information regarding membership, CLE seminars, legal news, and an 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.

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

MEMBERSHIP TYPE – 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 (full-time employee of a nonprofit legal public service organization or any local, state, or federal government agency)

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: _____

SECTION B - LAW STUDENT MEMBERSHIP

Law School Attending: _____ Expected Date of Graduation: _____

Permanent Address Street: _____ Ste./Fl./Apt.: _____

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 (\$15 fee per section)

- | | | |
|---|--|--|
| <input type="checkbox"/> ADR/Mediation | <input type="checkbox"/> Health Law | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Appellate Practice | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Real Estate Planning & Zoning |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> In-house Counsel | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Solo & Small Practice |
| <input type="checkbox"/> Criminal Practice | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Litigation | <input type="checkbox"/> Young Lawyers |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Probate & Estate | (35 and under or less than 5 yrs. in practice) |
- *(free first year licensed to practice only)

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.

<u>Dues Scale</u>		Govt./ Public Service	<u>Payment Information</u>
<u>Years of Practice</u>	<u>Resident Attorney</u>	<u>Attorney</u>	Membership dues \$ _____
Year of admission*	free	free	+
*(Fall of '19/Spring '20)			Section dues (\$15 per section) \$ _____
In second year	\$90	\$60	<u>Voluntary Contributions</u>
In third year	\$100	\$70	Louisville Bar Foundation \$ _____
In fourth year	\$125	\$85	(\$45 per year)
In fifth year	\$150	\$105	+
In sixth year	\$175	\$125	LBA Sustaining Member \$ _____
In seventh year	\$185	\$125	(\$100 per year)
In eighth year	\$190	\$125	+
In ninth year	\$195	\$125	
In tenth + year	\$200	\$125	
Non-Resident Member	\$100		
Inactive Member	\$100		
Judicial Member	\$125		
Counselor Emeritus	\$0		
Law Student Member	\$25		
Allied Professional	\$185		
Legal Support Assoc.	\$85		
Subscriber Member	\$100		
			Roster
			<i>Members MUST pre-order the 2020-2021 Pictorial Roster.</i>
			Carefully review and choose the best option:
			<input type="checkbox"/> Order roster and pay \$10 for delivery \$ _____
			<input type="checkbox"/> Order roster and will pick up at LBA offices
			<input type="checkbox"/> Decline copy of roster
			Total \$ _____
			<input type="checkbox"/> Check enclosed in the amount of \$ _____
			<input type="checkbox"/> Charge the amount to:
			<input type="checkbox"/> Visa <input type="checkbox"/> American Express
			<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard
			Card #: _____
			Expiration date: _____ v-Code: _____
			Name on card: _____

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: _____