

Membership Application
Licking County Bar Association
2019 Dues Notice

Active Member Admitted to Practice 2016 - 2018	\$30	_____
Active Member Admitted to Practice 2013 - 2015	\$60	_____
Active Member Admitted to Practice 2012 and before	\$75	_____
Retired and Inactive Member	\$25	_____
Reinstatement Fee (if applicable)	\$10	_____
Total	\$	_____

Year admitted to practice in Ohio _____

Year joined Licking County Bar Association _____

Ohio Supreme Court Registration Number _____

Committee preferences: (If different from last year's assignment)

Member's Name _____

Post Office Box and Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ **E-Mail* (Please initial below)**

* _____ **I AGREE to have my email address provided to other LCBA members if requested.**

* _____ **I DO NOT AGREE to have my email address provided to other LCBA members if requested.**

Make checks payable to: Licking County Bar Association

Remit payment to: David Skrobot
Fisher, Skrobot and Sheraw
471 East Broad Street
Suite 1810
Columbus, Ohio 43215

Please fill out this form completely and return it with your check. Please either type the information or print it legibly. If we can't read your writing, we won't know what you wrote.
If your contact information changes, including your e-mail address, please tell us about it. We send notices only by e-mail, and if your e-mail addresses in our database is invalid, you may miss out on important information.

Dues are payable by January 1, 2019. If dues are not paid by January 31, 2019, you will no longer be a member, you will no longer receive notices and your name will be removed from the LCBA website. After January 31, 2019, you may reinstate your membership by paying your dues plus a \$10 reinstatement fee. Fees will not be prorated.