

Clay County Bar Association, Inc.

P.O. Box 755

Orange Park, FL 32067-0755

Application for Membership

Name: _____

Type of Membership; check one:

Attorney

Law Student; School: _____

Associate (Non Attorney) Professional

Firm/Office: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail address: _____

Website: _____

Areas of Practice: _____

Annual Membership Fee: \$50.00 The Annual Membership Fee is due on or before January 1st of each year, is delinquent on and after February 1st, and is not pro rated during the year. Please send your check to the P.O. Box listed above. Please note that fees for luncheons, dinners, or other social events are not included in the cost of membership and may be paid for as events arise.

Thank you for your membership!

Signature

Date: _____