



PLYMOUTH COUNTY BAR ASSOCIATION, INC.
Renewal of Membership/Application for Membership

FULL NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

DATE OF ADMISSION TO PRACTICE LAW IN MASSACHUSETTS: _____

WEBSITE ADDRESS: _____

Would you like your website to be linked to the PCBA "member website" page?
(See our website at www.plymouthcountvbar.com)

yes no

Please check one of the boxes below:

- I have previously been a member of the Plymouth County Bar Association
- I am applying for membership of the Plymouth County Bar Association for the first time

I hereby apply for membership/renewal of my membership in the Plymouth County Bar Association and I hereby certify that my membership in any other bar association or right to practice law has never been suspended or revoked and I have never resigned from the practice of law in another jurisdiction.

Signature (Required)

Please return your application with your membership dues*
Make check payable to the Plymouth County Bar Association, Inc. and mail to:
PCBA
P.O. Box 7303
Brockton, MA 02303-7303

*Dues: Licensed to practice more than 3 years.....\$75.00
Newly admitted licensed to practice in Massachusetts 3 years or less.**.....\$45.00
 I am over the age of 70 or I have been in practice for 50 years or more (No fee due)

** as well as those members employed on a full time basis in the public sector (including District Attorneys and their assistants, Legal Service Corporation attorneys, Clerks, Registrars and Magistrates).



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