

WALTON COUNTY BAR ASSOCIATION, INC.

Membership Renewal Form

If, as of June 30, you were already a member of the Walton County Bar Association, Inc. (the "Bar"), this is the application that you should use to renew your membership for the upcoming bar year. Please complete this application, sign the application, and forward the completed application with payment for your dues (see page 2) to:

Payment by Check:

Treasurer, WCBA
 Post Office Box 109
 Monroe, GA 30655

SECTION 1. RENEWAL INFORMATION: Please provide the following:

Name: _____ Georgia (or Other) Bar No.: _____

Email Address: _____

If Different than Prior Year:

Firm or Employer Name: _____

Mailing Address: _____

Physical Address (if different): _____

Phone No.: _____ Alt. Phone No.: _____ Fax No.: _____

Email Address: _____ Alt. Email Address: _____

Website Address: _____

SECTION 2. WEBSITE REFERRAL DIRECTORY: If you so desire, please indicate the practice area(s), **up to five (5)**, for your listing in the Lawyer Referral Directory on the Bar's website:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Antitrust | <input type="checkbox"/> Appellate |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> Artists / Writers / Galleries | <input type="checkbox"/> Asset Protection |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Business (profit/non-profit) |
| <input type="checkbox"/> Business Start-up /
Restructuring / Liquidation | <input type="checkbox"/> Civil | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Condemnation / Eminent
Domain | <input type="checkbox"/> Construction | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Criminal | <input type="checkbox"/> DUI |
| <input type="checkbox"/> Divorce / Family | <input type="checkbox"/> Elder | <input type="checkbox"/> Employee Benefits |
| <input type="checkbox"/> Entertainment & Sports | <input type="checkbox"/> Environmental | <input type="checkbox"/> Estate Planning / Wills |
| <input type="checkbox"/> Guardian ad Litem | <input type="checkbox"/> Homeowner Associations | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Land Use | <input type="checkbox"/> Landlord / Tenant | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Product Liability | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Real Estate Development | <input type="checkbox"/> Securities | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Tax | <input type="checkbox"/> Technology | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Veteran's Disability Claims | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Also, list any foreign language(s) in which you offer legal services: _____

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NOTE: If you elect to be listed in the Lawyer Referral Directory, the information shown in the Directory will be your name, employer name, mailing address, phone number, and website address.

SECTION 3. COMMITTEES: Please indicate the committee(s) on which you wish to serve for the upcoming year:

- Organizational Law Day Community Outreach CLE

SECTION 4: DUES SCHEDULE: Please check the appropriate box and, if applicable, provide the relevant information concerning any "group" check:

- \$35** if you are (1) employed in the public sector or by a private non-profit organization or (2) if you were admitted to practice law less than two (2) years before July 1 of the current year;
- \$75** otherwise.

"Group" Check: If your dues will be paid with the dues of others by way of a single check, please provide information that identifies the group, such as the names of the other attorney(s) and/or the payer's name and contact information:

RENEWAL STATEMENT: I hereby re-apply for membership in the Walton County Bar Association, Inc. (the "Bar") for July 1 of the current year through June 30 of the following year. I understand that I will maintain my membership in the Bar only if the required dues are paid and it is determined that I meet the membership qualifications. I further understand that my membership will be effective as follows:

- (a) If my dues are received between July 1 and July 31 (inclusive) of the current year, my membership will be effective as of July 1 of the current year;
- (b) If my dues are received on or after August 1 but before October 1 of the current year, my membership will be effective on the 1st business day next following the day the dues were received; or
- (c) If my dues are received on or after October 1 of the current year, my membership will be effective on the first day of the month next following the month in which my dues are received.

I further agree to familiarize myself with and comply with the Bylaws of Walton County Bar Association, Inc.

Signed: _____ Date: _____