



## Ontario County Bar Association APPLICATION FOR MEMBERSHIP / AFFILIATION

Name (First, MI, Last)		Circle applicable	Mr. Ms. Hon. Other
Email for public and OCBA corresp.		Attorney Website	
Firm Affiliation, if any		Alternate address if needed	
Office Address for online list		City/State/Zip	
Business Phone		Fax	
Law School/Year Graduated		Date admitted to practice in NYS	
Dept admitted		Date/other State Bars admitted	

Opt Out: check information that you do NOT want published in our online directory:

Email Address  Website URL  Other: \_\_\_\_\_

Membership Level and Dues:

- Attorney Member: \$100.00  
 Affiliate Member (non-attorney): \$35.00

*Affiliate Members: Retired attorneys, court staff, law students, law school graduates who are not admitted in any jurisdiction, persons awaiting admission to the NY State Bar, paralegals, legal assistant-secretaries, and paralegal and pre-law students. Affiliates do not have voting rights.*

Payment Method:

- PayPal online through OCBA website  
 Mail check with this application.

Categories (up to 5): *circle all that apply*

- |                              |                                   |                           |                            |
|------------------------------|-----------------------------------|---------------------------|----------------------------|
| Adoptions                    | Disability Benefits/Worker's Comp | Health/Elder Law          | Personal Injury/Negligence |
| Bankruptcy                   | Divorce/Separations               | Immigration               | Real Estate Law            |
| Commercial Matters           | Employment Law                    | No Private Clients Served | Tax Law                    |
| Contracts/Consumer Law       | Family Court                      | Non-Attorney Member       | Wills/Estate Planning      |
| Criminal Defense/Traffic Law | Gov't/Corporate Counsel           | Other: _____              |                            |

I certify that I will abide by the Ontario County Bar Association's bylaws and that I will notify the OCBA in writing immediately of any disciplinary actions concerning my license to practice in this or any State.

I further certify that:

- I am licensed to practice law in the State of New York (if regular, attorney member) AND  
I either reside in or practice law in Ontario County (if unretired attorney member) or I am a 7<sup>th</sup>  
Judicial District Judge or court staff, OR  
I am a non-attorney affiliate applicant.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature

Please pay online or enclose check to: Ontario County Bar Association, c/o OCBA Secretary, P.O. Box 381, Canandaigua, NY 14424. Or scan this completed, signed document and email to [OntarioCountyBar@gmail.com](mailto:OntarioCountyBar@gmail.com).

Rev. 11/03/22