



Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Firm Name: _____

Address: _____
Street Address

City State ZIP Code

Phone (Home): _____ Phone (Business): _____

Email: _____

Undergraduate: _____ Year Graduated: _____

Graduate School: _____ Year Graduated: _____

Degree: _____

Law School: _____ Year Graduated: _____

Honors, Awards & Other Activities: _____

Date Admitted to New York Bar: _____ Dept: _____
Month, Day and Year

Date Admitted to Other State Bars: _____ Dept: _____

Signature: _____ Date: _____

Submission

*Thank you for completing the application for membership to the Herkimer County Bar Association.
Please submit completed document by sending via email to herkcountybar@gmail.com.*