

LEBANON COUNTY BAR ASSOCIATION - ATTORNEY INFORMATION SHEET

Today's Date: _____ Birth date: _____

Attorney ID# _____ Compliance Group # _____

Name: _____
(Last Name) (First Name) (Middle Name)

Law firm or practice name & address _____

Tel. # _____ Fax # _____ E-mail address _____

The Lebanon County Bar Association is permitted to send association-related faxes and E-mails to the fax and e-mail addresses listed above.

Signature: _____

Secondary office address & phone _____

Home address: _____ City: _____

Home telephone #: () _____ Spouse: _____

Emergency contact: _____ Phone # _____

Graduated from: _____ College/University in _____

Graduated from: _____ Law School in _____

Year first admitted to practice in any jurisdiction: _____

Year joined the Pennsylvania Bar Association: _____

Are you a member of the American Bar Association? [] yes or [] no

Are you admitted to practice before any court other than the Supreme Court of Pennsylvania? [] yes or [] no If yes, list: _____

Primary areas of practice: _____

PLEASE RETURN TO LCBA WITH A PHOTOCOPY OF PA SUPREME COURT ID CARD

LCBA
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Lebanon, PA 17042
(717) 273-3113