

**WILL COUNTY BAR ASSOCIATION AFFILIATE
MEMBERSHIP / RENEWAL APPLICATION 2018-2019**

Membership year July 1, 2019-June 30, 2020

Please print neatly or type & complete all areas.

**WILL COUNTY BAR ASSOCIATION
167 N. OTTAWA STREET, SUITE 200
JOLIET, IL 60432
815-726-0383
www.willcountybar.org**

Applicant Name: _____

Business Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ **Email:** _____

Affiliate Members: Any non-attorney who is integrally involved in the legal community as a paralegal, legal assistant, law firm administrator, legal secretary, court manager or other court staff. Legal Community Members are not eligible to vote and/or run for the Board of Directors. Any person who is not admitted to practice law and does not qualify for membership under other categories may apply and become an Affiliate Member, as determined by the Board of Directors in its sole discretion. These are typically individuals associated with firms or businesses that provide services to the legal community. Affiliate Members are not eligible to vote and/or run for the Board of Directors nor are they eligible to be appointed as a committee chair. Affiliate members are not allowed to attend CLE events, unless they pay

***Affiliate Dues are \$100.00.
Current dues expire June 30, 2019.***

Benefits include member rates to attend social events and receipt of the weekly emailed newsletter.

Payment via cash, check, or credit card payable to **Will County Bar Association** for dues must accompany application. If paying by credit card please include a 2.75% processing fee charged by the credit card company.

The undersigned hereby applies for membership in the Will County Bar Association and agrees to abide by the WCBA's Constitution and By-Laws during membership period.

Applicant: _____ Date: _____

MAIL APPLICATION WITH PAYMENT TO: WILL COUNTY BAR ASSOCIATION, 167 N Ottawa St, Suite 200, Joliet, IL 60432

CHECK/CASH PAYMENT

Check # _____

Amount \$ _____

Please indicate if you would like a receipt emailed to you.

Email address: _____

CREDIT CARD PAYMENT

Visa MasterCard Amex Other: _____

Amount: \$ _____ + 2.75% = Total \$ _____ on card.

(ALL INFORMATION BELOW IS REQUIRED)

Card #: _____

Expiration Date: _____ 3 Digit Code: _____

Name on CreditCard: _____

Billing Address & Zip Code: _____
