

LAW STUDENT APPLICATION FOR MEMBERSHIP

(PLEASE PRINT OR TYPE)

Name _____ hereby applies for membership.

Address _____

City, State Zip Code _____

Telephone () _____ Date of Birth _____

Undergraduate School _____ Graduated: _____ Degree _____

Law School _____ Anticipated Graduation Date _____

Date of Application to HCBA _____ Email address _____

Signature _____

Send this application to:

Hartford County Bar Association
Attn: Membership
100 Pearl Street, 4th Floor
Hartford, Connecticut 06103-4500