

**LAW STUDENT
APPLICATION FOR MEMBERSHIP
2008-2009**

(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
179 Allyn Street, Suite 210
Hartford, CT 06103

Please enclose your membership dues of \$15 with this application. If you are faxing your application, you will be billed upon acceptance of your application at the next Board of Directors' Meeting.

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