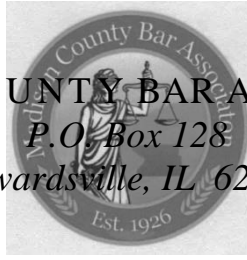


MADISON COUNTY BAR ASSOCIATION  
P.O. Box 128  
Edwardsville, IL 62025



**MADISON COUNTY BAR ASSOCIATION**  
**Membership Application & Renewal Form**  
**(June 2023 - May 2024 Bar Year)**

**(1) Member Contact Information**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**(2) Bar Admissions**

I affirm that I am a member of the Illinois Bar in good standing.

Date admitted to IL bar: \_\_\_\_\_

Please list other bars to which you are admitted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(3) Dues (Please Check the Applicable Dues Type)**

- |   |   |          |
|---|---|----------|
| <input type="checkbox"/> Newly Admitted Attorney (less than 1 yr. in practice)          | — | \$0      |
| <input type="checkbox"/> Gov't. or Legal Aid Attorney with less than 5 yrs. in practice | — | \$0      |
| <input type="checkbox"/> Private Attorney with less than 5 yrs. in practice             | — | \$75.00  |
| <input type="checkbox"/> Senior Attorney (50+ yrs. in practice)                         | — | \$0      |
| <input type="checkbox"/> All other Attorneys  | — | \$150.00 |

*Please make checks payable to:*  
*Madison County Bar Association, P.O. Box 128, Edwardsville, IL, 62025*