



MADISON COUNTY BAR ASSOCIATION

P.O. Box 128
Edwardsville, IL 62025

Membership Application & Renewal Form **(June 2024 - May 2025 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