



MADISON COUNTY BAR ASSOCIATION

P.O. Box 128

Edwardsville, IL 62025

Membership Application & Renewal Form

(June 2025 - May 2026 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 Illinois Bar: _____

(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 and return renewal applications payment to:

Madison County Bar Association, P.O. Box 128, Edwardsville, IL, 62025