

WASHINGTON COUNTY BAR ASSOCIATION

MEMBERSHIP REGISTRATION FORM

IF RENEWING YOUR MEMBERSHIP, PLEASE RETURN ON OR BEFORE 8/31 ANNUALLY

Please complete the information requested below. This information is used to keep our WCBA membership directory updated.
 For additional space, please use the back of this page.
 Any questions please contact Juli at JBenedum@WBMI.com

Attorney Name	Firm Name and Address	Phone Number	Fax Number	E-Mail address

Total number of attorneys listed above _____ x \$40 per attorney = \$ _____ Total Dues owed
 \$ _____ Total Enclosed

Please make checks payable to **Washington County Bar Association** and mail to:

Juli Benedum, P.O. Box 857, West Bend, WI 53095

THANK YOU FOR SUPPORTING OUR BAR!