



**CHARLESTON
COUNTY BAR
ASSOCIATION**

MEMBERSHIP APPLICATION

I am a new member of the Charleston County Bar

I am a previous member of the Charleston County Bar

*All fields required

NAME _____

EMAIL _____

TELEPHONE: _____ FAX: _____

MAILING ADDRESS:

FIRM NAME _____

STREET _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____

AREAS OF PRACTICE _____

Please return this form along with your check in the amount of \$75.00 payable to the Charleston County Bar Association to PO Box 21136, Charleston, SC 29413. Please call Julie Holzel at (843) 881-6666 if you have any questions.