



**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 724-6669 if you have any questions.