




LAKE COUNTY BAR ASSOCIATION

1078 W. 84th Drive | Merrillville | Indiana 46410 **FAX: (219) 736-6400**
 (219) 738-1905 – Referral (219) 738-1906 - Members Line website: www.lakecountybar.com

2018-19 MEMBERSHIP DUES INVOICE LCBA MEMBERSHIP FEE

Admitted 2017-2018	FREE	
Admitted 2015-2016	\$135.00	
Admitted prior to 2014	\$195.00	
Judicial Officers	\$100.00	
Legal Support Section 	\$50.00	
Law Students	FREE	

SECTION MEMBERSHIP

Bankruptcy Law	\$10.00	
Business Law	\$10.00	
Civil Litigation	\$25.00	
Criminal Defense Law	\$50.00	
Employment Law	\$25.00	
Family Law	\$25.00	
Municipal Law	\$25.00	
Probate & Trust Law	\$25.00	
Solo and Small Firm Section	\$25.00	
Young Lawyers (first 10 years of practice, admitted 2008 or later)	FREE	

DONATIONS AND SUBSCRIPTIONS

LCBA SCHOLARSHIP FUND Please support the Lake County Bar Association's Scholarship Fund. Your contribution assists Indiana Law Students in achieving their goals of becoming a member of the legal community. *Suggested Donation, you may donate any amount you wish*		\$50.00*
PRO BONO DONATION LCBA is a supporter of the Pro Bono Project which helps us fulfill our professional obligations to persons of limited means by screening and referring clients to volunteer attorneys. The recommended donation of \$50 or more will help defray the costs of recruitment, referral and follow-up. We also encourage you to complete the volunteer attorney sign-up form at http://www.nwivolunteerlawyers.org . **Suggested Donation, you may donate any amount you wish**		\$50.00**
Indiana Lawyer Subscription		\$19.00
RENEW BEFORE JULY 1, 2018 Early Bird Discount of \$5.00 off your membership		-\$5.00
I prefer U.S Mail Delivery of the Minute Sheet Instead of electronic delivery (add \$25.00 to membership balance if chosen)		+\$25.00
TOTAL DUE		\$

RETURN THIS FORM ALONG WITH
 PAYMENT TO:
 LAKE COUNTY BAR ASSOCIATION
 1078 W. 84th Drive Merrillville, IN 46410

Name: _____
 Attorney ID # _____
 Paralegal ID # _____
 Date of Admittance ____/____/____

For the 2019 Directory listings, please
 PLACE AN "X" if you are a

Indiana State Bar
 Association Member _____

Family Arbitrator _____

Civil Arbitrator _____

Family Mediator _____

Civil Mediator _____

Guardian Ad Litem _____

Parenting Time
 Coordinator _____

Registered
 Private Judge _____

_____ YES _____ NO

My firm has 5 or more attorneys and
 should be listed in the "Firm Listings"
 Section of the Directory

_____ YES _____ NO

I am a current member of the LCBA
 2018-19 Referral Panel and should be
 listed in the "Find a Lawyer by Practice
 Area" in the Directory

_____ YES _____ NO

100% CLUB - ALL attorneys at my firm
 are current members of the LCBA
 (firms must consist of at least 3 or
 more attorneys to qualify.)



PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

WEBSITE:

- **PICTORIAL DIRECTORY EMAIL PROFESSIONAL HEADSHOT TO:**
executive@lakecountybar.com
- **ACTIVE LINK LISTING ON THE LCBA WEBSITE DIRECTLY TO YOUR FIRM'S WEBSITE.** →

2018-19 MEMBER CONTACT INFORMATION WHICH WILL APPEAR IN THE LCBA DIRECTORY AND WEBSITE LISTING

Please complete the information below:

NAME:

FIRM NAME:

ADDRESS:

TELEPHONE:

FAX:

EMAIL:

IF YOU DO NOT HAVE A PERMANENT PHYSICAL OFFICE IN LAKE COUNTY, DO YOU RESIDE IN LAKE COUNTY?* Yes No

*This question resolves the issue of whether you qualify for full membership or Associate Membership. Attorneys who neither reside in nor have physical offices in Lake County are considered "associate members." Associate members cannot vote in elections or hold office, but receive all other benefits of membership. They are not distinguished from regular members in the Directory. Their opinions will be solicited in all polls and evaluations sponsored by the LCBA, and Associate Members are represented to the Board by an Associate Member Liaison.

PLEASE NOTE:

Tax Information – According to the ABA, dues payments are deductible by members as an ordinary and necessary business expense to the extent permitted by law. Contributions included with your dues payment and indicated for the **LCBA Scholarship Fund** and/or **Pro Bono Project** are deductible as a charitable contribution.

Referral Attorneys – You are required to keep your dues current in order to remain in the referral program. Any members who are not current in their dues will automatically be dropped from the referral network.



Please indicate whether you will pay by Credit Card below or whether you want to pay by attached Check No. _____
Please email my credit card receipt to: _____

NAME ON CARD: _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE _____ / _____ **AUTH. CODE:** _____ **TOTAL AMOUNT: \$** _____

_____ **CHECK HERE IF BILLING AND MEMBERSHIP ADDRESS ARE THE SAME.**