Howard County Bar Association Membership Application

I, _____, hereby make application for membership in the Howard County Bar Association. In support of my application, I hereby submit the following information:

Type of Membership (select one): ____Active _____Associates _____Judicial

____Inactive _____Honorary

Desire Participation in Lawyers Referral Service: _____ yes _____ no

Home address: _____

City: _____ State: _____ Zip Code:_____

Telephone: _____ Home Fax: _____

Business Address: _____

City: _____ State: _____ Zip Code:_____

Phone: _____ Fax: _____

E-Mail:_____

Year admitted to practice before the Court of Appeals for Maryland: _____

I hereby certify that:

1. All of the information provided above is true, complete, and accurate to the best of my knowledge, information, and belief.

2. I am an attorney in good standing before the Court of Appeals of Maryland and am able to practice law in any of the Courts of the State of Maryland, subject to the Rules of Court.

_____ _____

Signature of Applicant Date

We, the undersigned, being active members of the Howard County Bar Association, Inc., and in good standing, are personally acquainted with the Applicant. It is our opinion that the Applicant fulfills all of the requirements pertaining to the class of membership applied for, and we recommend that the Applicant be admitted to said membership in said Association.

_____ _____

Name of Sponsor (printed) Signature of Sponsor

_____ _____

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