



# TOLEDO BAR ASSOCIATION MEMBERSHIP APPLICATION

Attorney Registration No. \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female

Firm Name (if applicable): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Graduate of (Law School): \_\_\_\_\_

Year: \_\_\_\_\_

Date of first bar admission: \_\_\_\_\_

Date of Ohio Bar admission: \_\_\_\_\_

Also admitted to practice in these states: \_\_\_\_\_

By signing I agree to receive the Toledo Bar Association Newsletter and all communications of the Toledo Bar Association.

The Toledo Bar Association may contact me by (check ALL that apply)

email  fax

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Not for publication)**

Home address: \_\_\_\_\_

Home / mobile phone: \_\_\_\_\_

Name of spouse (if applicable): \_\_\_\_\_

## TBA MEMBERSHIP BENEFITS

- FREE subscription to Fastcase online legal research—a \$995 value!
- 30% discount on most TBA sponsored CLE seminars and opportunities for free CLE
- FREE Legal Directory & listing
- Insurance Partnerships—The TBA has partnered with local insurance agencies to provide members with access to health, dental, vision, auto, home, liability, business, disability and term life insurance
- MAP—Member Assistance Program: free professional and confidential counseling services
- More than 40 committees providing substantive legal information and leadership opportunities
- Newsletter published monthly—September through June
- Online communities, directory & event registration
- Free Room Rental—Meeting rooms and fully-equipped office are available at the TBA for client meetings or depositions
- Lawyer Referral & Information Service (LRIS) providing referrals to the public for a fee
- Pro Bono Legal Services Program providing free legal service to low income clients
- Camaraderie among peers—a priceless asset of Toledo Bar membership

### To Apply for Toledo Bar Association Membership:

1. Complete this form and send or fax to Toledo Bar Association.
2. Choose method of payment below

Check enclosed made payable to the *Toledo Bar Association* for \$ \_\_\_\_\_

Easy Pay Automatic Monthly Payment Plan (to enroll, complete form on back)

Credit Card Payment: Amount \$ \_\_\_\_\_



Please send invoice for dues

Name on credit card \_\_\_\_\_  
(PLEASE PRINT)

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_



## TOLEDO BAR ASSOCIATION

### 2019-2020 Membership Dues Schedule:

Date Admitted to First Bar	Full Dues	Easy Pay
11/1/19 – 6/30/20 ... (7/2019 bar exam).....	\$50.00	\$8.34
5/1/19 – 10/31/19 ... (2/2019 bar exam).....	\$120.00	\$10.00
7/1/17 – 4/30/19 ..... (1–2 years in practice).....	\$200.00	\$ 16.67
7/1/15 – 6/30/17 ..... (3–4 years in practice).....	\$220.00	\$ 18.34
7/1/10 – 6/30/15 ..... (5–9 years in practice).....	\$290.00	\$ 24.17
7/1/70 – 6/30/10 ..... (10+ years in practice).....	\$305.00	\$ 25.42
Before 7/1/70.....	Complimentary	
Affiliate Member (out of area).....	\$200.00	\$ 16.67
Inactive Status with Supreme Court of Ohio.....	\$200.00	\$ 16.67

**\*2019-2020 Membership Year Runs 7/1/2019-6/30-2020**



TOLEDO BAR  
ASSOCIATION



## Easy Pay Automatic Dues Payments

(Credit Card Information will not be retained by the TBA)

### Authorization for Easy Pay Automatic Dues Payments & Membership Renewal

I hereby authorize the Toledo Bar Association to initiate and make debit entries to the credit card provided in order to pay my membership dues in monthly installments. Cancellation of membership prior to the end of the membership year will result in balance due in full.

#### Transactions will be automatically run on or about the 15<sup>th</sup> of each month.

This authorization also serves as an automatic membership renewal enrollment.

This authorization is effective upon receipt by the TBA and will continue until such time as I notify the TBA by telephone (419-418-5317) or in writing (TBA, Accounting, 311 N. Superior St., Toledo, OH 43604) to discontinue charges to my credit card. I agree to provide the TBA with updated credit card information as necessary.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Complete this form and return to the TBA – or call Angie Hartzell (419-418-5317) to provide your credit card information, then sign the authorization portion of the form and return it the TBA. Form must be returned by 6/30/19 – Payments begin 7/15/19.**

### 2019 – 2020 DUES SCHEDULE

Date Admitted to First Bar .....	Dues Amount.....	Easy Pay Monthly Payment*
11/1/19 – 6/30/20 ..... (July 2019 bar exam).....	\$ 50.00.....	\$ 8.34
5/1/19 – 10/31/19 ..... (February 2019 bar exam).....	\$120.00.....	\$10.00
7/1/17 – 4/30/19 ..... (1–2 years in practice).....	\$200.00.....	\$16.67
7/1/15 – 6/30/17 ..... (3–4 years in practice).....	\$220.00.....	\$18.34
7/1/10 – 6/30/15 ..... (5–9 years in practice).....	\$290.00.....	\$24.17
7/1/70 – 6/30/10 ..... (10+ years in practice).....	\$305.00.....	\$25.42
Before 7/1/70.....	Complimentary.....	Complimentary
Affiliate Member (out of area).....	\$200.00.....	\$16.67
Inactive Status with Supreme Court of Ohio.....	\$200.00.....	\$16.67

**\*Fiscal year runs July 1, 2019 – June 30, 2020.**

**Initial payment will be adjusted to adhere to the payment schedule if authorized after July 15, 2019.**

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa  
 \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Name on Card (if different than Member Name) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_