

**TOLEDO BAR ASSOCIATION
MEMBERSHIP APPLICATION 2017–2018**

311 N. Superior St. • Toledo OH 43604-1421
419-242-9363 • fax: 419-242-3614 • www.toledobar.org



**TOLEDO BAR
ASSOCIATION**

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(Not for publication)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 phone: _____

Name of spouse (if applicable): _____

Dues Schedule: Membership Year 7/1/2017 – 6/30/2018

Date Admitted to First Bar	Full Dues Amount	Easy Pay Monthly Amt.
11/1/17 – 6/30/18(July 2017 bar exam).....	\$ 50.00	\$ 8.34
5/1/17 – 10/31/17(February 2017 bar exam).....	\$120.00	\$ 10.00
7/1/15 – 4/30/17(1–2 years in practice).....	\$200.00	\$ 16.67
7/1/13 – 6/30/15(3–4 years in practice).....	\$220.00	\$ 18.34
7/1/08 – 6/30/13(5–9 years in practice).....	\$290.00	\$ 24.17
7/1/68 – 6/30/08(10+ years in practice).....	\$305.00	\$ 25.42
Before 7/1/68.....	Complimentary	
Affiliate Member (out of area).....	\$200.00	\$ 16.67
Inactive Status with Supreme Court of Ohio.....	\$200.00	\$ 16.67

TBA Membership Benefits

1. FREE subscription to Fastcase online legal research—a \$995 value!
2. 30% discount on most TBA sponsored CLE seminars and opportunities for free CLE
3. FREE Legal Directory & listing
4. MAP—Member Assistance Program: free professional and confidential counseling services.
5. More than 40 committees providing substantive legal information and leadership opportunities
6. Newsletter published monthly—September through June
7. Online communities, directory & event registration
8. Lawyer Referral & Information Service (LRIS) providing referrals to the public for a fee
9. Pro Bono Legal Services Program providing free legal service to low income clients
10. 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
 - Credit Card
 - Easy Pay automatic monthly payment

Enclosed is my check made payable to the Toledo Bar Association for \$_____

Enroll in 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



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 15th 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 6/30/17 – Payments will begin 7/15/17.**

2017 – 2018 DUES SCHEDULE

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** Initial payment will vary if payment plan is authorized after first monthly installment.*

Name _____

Phone Number: _____

Credit Card: _____ MasterCard _____ Visa
 _____ American Express _____ Discover

Name on Card (if different than Member Name) _____

Card Number: _____ Expiration Date: _____