

# ARAPAHOE COUNTY BAR ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Attorney Registration #: \_\_\_\_\_ Email: \_\_\_\_\_  
(If student, please use school email)

Law Firm or Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Business Fax: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please send mail to (circle one):      Business address                      Home address

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

Law School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date Admitted to Practice in Colorado: \_\_\_\_\_

Are you admitted to practice in other states? \_\_\_ Yes \_\_\_ No

If "yes", please list states, dates of admission, and status (active or inactive) \_\_\_\_\_

\_\_\_\_\_

Are you already a member of the Colorado Bar Association? \_\_\_ Yes \_\_\_ No

### Annual Membership Categories and Dues:

Government Employees	\$115.00
Senior (licensed 4+ years)	\$140.00
Junior (6 months to 3 years)	\$ 80.00
New Admittee (0 to 6 months)	Free till next fiscal year- August 1st
Associate members (non-attorneys)	\$ 50.00
Student (at an accredited law school)	\$ 0.00
Retired (70+ years)	\$50.00
Inactive (inactive Colorado license)	\$50.00

*Please return completed form & payment to:*

**Arapahoe County Bar Association**

**P.O. Box 2587**

**Centennial, CO 80161**

Fax: 303-991-6034 | Tel. 303-797-2227 | [info@arapbar.org](mailto:info@arapbar.org)