

GOSHEN CITY BAR ASSOCIATION

NEW MEMBER APPLICATION

INSTRUCTIONS: Deliver this completed form to the Goshen City Bar Association President at goshencitybar@gmail.com

APPLICANT INFORMATION

DATE: _____

FULL NAME: _____

ATTY NUMBER: _____

FIRM/COMAPNY: _____

ADDRESS: _____

PUBLIC PHONE #: _____

WORK EMAIL: _____

*Approval of your application is subject to approval of members of the Goshen City Bar Association at a regularly scheduled meeting. Please arrange for your attendance and presentment of your application at a meeting by contacting the President at the email identified above.