



MONUMENTAL CITY BAR ASSOCIATION, INC.



Membership and Directory Information

PO Box 1502
Baltimore, Maryland 21203

Date: _____ (mm-dd-yyyy)

Last Name: _____ First Name, MI: _____

Business Information

Firm/Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Bus Phone: _____ Bus Fax: _____

Bus Email: _____ Prefer Contact By: _____

Title/Position: _____

Practice Area(1): _____ Practice Area(2): _____

What information do you want listed in the directory? _____

Year of First of Bar Admittance: _____ State(s) Admitted to Practice: _____

Law School Attended: _____

Personal Information

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home Email: _____

Membership Levels (Select One)

- LifeTime Membership - Full Payment \$500.00
- Standard Annual Membership \$ 50.00
- New Admitee (1 year or less) \$ 0.00
- Law Student \$ 0.00

MCBA Committee Interests: _____

NOTE: Online Payment is Available But Cannot Be Made Using This Form. This Form is For Membership Data Collection Purposes Only.

Selecting to be listed in the directory constitutes express consent for MCBA to list and distribute your information.

Type Initials as Signature _____

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