

THE GREATER BRIDGEPORT BAR ASSOCIATION, INC.

**APPLICATION FOR MEMBERSHIP
ASSOCIATE STATUS**

I hereby apply for Associate Status in The Greater Bridgeport Bar Association and certify that I agree to the conditions of eligibility set forth in the Association's By-Laws.

I further certify that I am employed in a law office, including a corporate legal department, a government, judicial or legal agency or entity devoted primarily to the practice of law, and that I devote substantially all working time to the performance of paralegal or legal administrative duties connected with that entity.

I understand that my membership may terminate in the event that I no longer meet the criteria for Associate Status.

I further understand that as a member with Associate Status, I may not participate in elections of Officers or members of the Board of Directors or in nominating an Officer or a member of the Board of Directors and may not serve in any of these capacities. I further understand that I may not vote in elections or on any section or committee business.

Signature of Applicant

Date

Signature of Sponsoring Attorney

Date

Name: _____
(Print or Type)

Firm/Legal Entity: _____

Address of Firm/Legal Entity: _____

Telephone: _____ Fax: _____ Email: _____

Annual Dues for the GBBA Associate Status: \$50.00

Please return this form and payment to:

The Greater Bridgeport Bar Assoc., Inc., 1057 Broad Street., Bpt., CT 06604