



THE HARTFORD COUNTY BAR ASSOCIATION, INC.

100 Pearl Street, 4th Floor • Hartford, Connecticut 06103-4500

Tel. (860) 525-8106 Fax (860) 293-1345

www.hartfordbar.org

APPLICATION FOR ASSOCIATE MEMBERSHIP
PARALEGAL / LEGAL ASSISTANT

(Please Print)

Name: _____
(First) (Middle) (Last)

Firm/Business: _____

Firm Address: _____

Town, State Zip+4: _____

Office # (_____) Fax # (_____)

Home Address: _____

Town, State Zip+4 _____

Email: _____ Mail Preference: Work Home

Birth date: ____/____/____ Female Male

Please check at least one category:

1. _____ I am a graduate of an ABA approved Paralegal or Legal Assistant Program

School _____ Year Graduated _____

2. _____ I am employed by a law office and the majority of my work is in the capacity of a paralegal or legal assistant.

3. _____ I am a self-employed or contract paralegal.

Sponsoring Member Attorney: _____

Please mail this completed application to:

Hartford County Bar Association
Attn: Membership
100 Pearl Street, 4th Floor
Hartford, CT 06103-4500

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