

South Carolina Black Lawyers' Association
Membership Application & Renewal Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Office Phone _____

Fax _____ Email _____

Years of Practice _____

Place of Employment _____

Address _____

Position _____

Areas of Practice

Please Check One:

___ Law Student: **\$35**

___ Attorney/Judge: **\$50** **Total:** _____

I'd like to volunteer for the following committee:

___ Retreat Planning Committee

___ Membership

___ Bylaws

___ Community Outreach

___ Website