



**Onondaga County Bar Association**  
 CNY Philanthropy Center, 431 E.  
 Fayette St., Suite 300  
 Syracuse, NY 13202-1919  
 Phone: (315) 471-2667 Fax (315) 471-0705

**2017 Renewal Membership**  
*Due by January 31<sup>s</sup>, 2017*

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Email : \_\_\_\_\_  
 City State Zip Code

Office Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Direct Line: \_\_\_\_\_

**Primary Practice Area(s):** \_\_\_\_\_

**Check if you are a solo practitioner.** \_\_\_\_\_

\_\_\_\_ I'm interested in volunteering on a committee or participating in a Section (please indicate interest area): \_\_\_\_\_

\_\_\_\_ I'm interested in learning about pro bono opportunities available through the Volunteer Lawyers Project.

**Pleased indicate community boards/organizations on which you are active:** \_\_\_\_\_

**Other Information:**

D.O.B. \_\_\_\_\_ Veteran? \_\_\_\_\_

Practice Succession Plan (*Who will have your files?*) \_\_\_\_\_

Fluent in other language(s) \_\_\_\_\_

**OPTIONAL: Race/Ethnicity Identification (check all that apply):**

\_\_\_\_ Hispanic or Latino \_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Asian \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Two or More Races \_\_\_\_ Do not wish to disclose

Do you identify as part of the LGBTQ (lesbian, gay, bisexual, transgender, questioning) community?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Do not wish to disclose

**Membership**

**From Dues Schedule: enter applicable amount here:**

**Sustainer**

Please consider joining at the Sustainer Level to support bar programs and public education activities for total dues of **\$295.00**. If you're a regular Member of more than 4 years, that's just an **additional \$100.00**.

Lawyer Referral Service *Panel Fee add'l. \$100.00 (if participating)*

**TOTAL ENCLOSED:**

**Payment Method**

Please remit your dues, making checks payable to the **Onondaga County Bar Association** or pay by credit card by providing the following information and signing where indicated. (Credit card renewals may be **faxed to 315-471-0705**.)

Check Enclosed  
*(payable to OCBA)*

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Note:** Your Membership Dues are not deductible as a charitable contribution for federal income tax purposes. Dues may be deductible as a business expense.

Office use only  
 Date Rec'd

**Onondaga County Bar Association**  
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 (315) 471-2667 • Fax: (315) 471-0705 •  
 Email: info1@onbar.org • www.onbar.org



**OCBA  
 2017 Dues Schedule**

**Attorney**

**Sustaining\***

*\*The sustaining member category applies to those members who demonstrate a high level of commitment to both the association and the profession.*

**\$295.00**

Or

**General**

*(based on years of practice)*

Admitted 2013 or earlier

**\$195.00**

Admitted 2014

\$150.00

Admitted 2015

\$125.00

Admitted 2016

\$100.00

Admitted 2017

\$20.00

Certified as Retired by Office of  
 Court Administration

\$65.00

**Honorary Member**

50 Year Member as of 2017, or not active due to health

No Dues

**Associate Member**

Admitted in another jurisdiction, or admitted in NYS  
 but not currently practicing or employed

\$100.00

**Affiliate Members  
 Categories**

Legal Administrator

\$85.00

Paralegal

\$80.00

Non-attorney Magistrate

\$80.00

Law Graduate Awaiting Admission

\$35.00

Law School Student *(suggested voluntary membership)*

\$20.00

Paralegal Student

\$20.00

**Criminal Law Section Membership only** *(Public Service or ACP only; non-voting)*

Call the Bar for details at 315.579.2582

\$90.00

**Supporting Vendor**

\$195.00

**OPTIONAL:**

**Lawyer Referral Service Panel Annual Fee**

Add  
 \$100.00