

GARFIELD COUNTY BAR ASSOCIATION
MEMBER APPLICATION

NAME: _____

OBA No. _____

FIRM NAME: _____

FIRM ADDRESS: _____

OFFICE PHONE: () _____

FAX NUMBER: () _____

EMAIL ADDRESS: _____

HOME PHONE: () _____

DO NOT PUBLISH

MAJOR PRACTICE AREAS _____

DUES: \$125.00 annually due in January or upon initial application

Submit to:

_____, Treasurer

_____, OK

Phone: () _____

Fax: () _____