



Membership Year July 1, 2017 – June 30, 2018

RENEWAL REGISTRATION

Registration Fee: KCBA Member - \$200 Enclosed _____ Paid with KCBA Dues _____
Nonmember - \$460 Enclosed _____

Name: _____ WSBA# _____

Firm: _____

Office Address: _____

Cell phone (will not be given to clients) _____

Phone for Clients / Main Office Phone: _____

Attorney email: _____

Legal Assistant: _____ E-mail: _____

Do you wish to make changes to your Panels? If yes, please attach new panel sheet.

- I have read the Rules & Procedures for LRS. <http://www.kcba.org/lrs/lrspolicies.aspx>
- At the time of this application, neither the Office of Disciplinary Counsel of the Washington State Bar Association nor any Review Committee of the WSBA Disciplinary Board has recommended a public hearing be held as to any alleged violation of my duties as an attorney. I agree to inform the LRS if at any time it is so recommended. I agree that the Lawyer Referral Service may receive information from the WSBA Office of Disciplinary Counsel about any complaints filed against me.
- I am applying for registration on the Lawyer Referral Service of the King County Bar Association. I certify that I am familiar with the rules and procedures governing the service and that I will abide by such rules and all such rules which may be promulgated by the Association, and agree to be bound thereby. I agree to set reasonable fees in matters referred to me in accordance with Rule 1.5 of the Rules of Professional Conduct.

Signature _____ Date: _____