



Membership Year July 1, 2017 – June 30, 2018

NEW LRS MEMBER REGISTRATION

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

Name: _____ WSBA/or other bar # _____
Firm: _____
Office Address: _____
Phone for Clients: _____
Cell phone: (KCBA staff use only): _____
Email: _____ Website: _____
Legal Assistant/Paralegal Name: _____
Legal Assistant/Paralegal Email: _____

- ATTACH COPY OF DECLARATION PAGE of your insurance - \$200,000 occurrence/\$500,000 - aggregate
- ATTACH A COPY OF YOUR RESUME

Additional Languages Spoken by you / your staff: _____
Law School: _____ Year: _____

I am willing to make hospital visit for wills or home visit for housebound seniors.

In an event that you became incapacitated, please list the name and phone number of the contact person who would be in charge of your open cases: _____

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 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 will pay the annual registration fee on the date due each year I wish to be registered under the service. I agree to set reasonable fees in matters referred to me in accordance with Rule 1.5 of the Rules of Professional Conduct.

Date _____ Signature _____