



FEDERAL CLAIMS BAR ASSOCIATION

2020 MEMBERSHIP APPLICATION:

New Member Renewing Member

Name	
Firm, Agency or Other Affiliation	
Address	
City, State, Zip	
Telephone	
E-mail Address <i>(required)</i>	

Attorney in Private Practice (please check one box):

One Year	<input type="checkbox"/> \$60 for 1 year
Two Years	<input type="checkbox"/> \$110 for 2 years
Newly admitted to the practice of law after January 1, 2017 to either: 1. your initial a state bar: indicate state _____ and date of admission _____ OR 2. the Court of Federal Claims: indicate date of admission _____	<input type="checkbox"/> \$45 for 1 year

Law Firm Membership:

At just \$450 per year for up to five attorneys, and \$50 per year for each additional attorney, a firm membership quickly pays for itself in discounts and administrative convenience. And if you pay before February 22, 2019, take another \$50 off the membership fee! **To learn more, please email sandy@cfcbbar.org.**

Government/ Academic / Non-Profit Attorney (please check one box):

One Year	<input type="checkbox"/> \$45 for 1 year
Two Years	<input type="checkbox"/> \$80 for 2 years
Newly admitted to the practice of law after January 1, 2017 to either: 1. your initial state bar: indicate state _____ and date of admission _____ OR 2. the Court of Federal Claims: indicate date of admission _____	<input type="checkbox"/> \$30 for 1 year

Payment Method (please check one box):

<input type="checkbox"/> Credit Card – One Time Payment	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
	Account #: _____ Expiration Date: _____
	CSC # _____ (Visa, MasterCard, Discover: last 3 digits on back of card; Amex: 4-digit number on front of card directly above account number.)
	Signature _____
<input type="checkbox"/> Credit Card – Pay Now AND Opt-in For Future Renewals	By checking the box to the left and completing the above credit card information, you give permission to use your credit card for this renewal and future renewals.
<input type="checkbox"/> Check	Make check payable to " <u>CFC Bar Association</u> " and mail to address at the bottom of this form. Membership application is not complete until funds are received.

I am a member in good standing of the Bar of the Court of Federal Claims (Please confirm by checking)

The Bar Association publishes an online membership directory. Would you like to have your name, contact information and area(s) of practice accessible to the public?	Check 1 box only: <input type="checkbox"/> Make my information publicly accessible. <input type="checkbox"/> Make my information accessible to Bar Association members only. <input type="checkbox"/> Please keep my information private.
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Payment Remittance: Mail: CFC Bar Association, 455 Massachusetts Ave NW, Suite 335, Washington, DC 20001
Email: sandy@cfcbbar.org / Phone: 202-220-8638