

CAPE MAY COUNTY



BAR ASSOCIATION
E-Mail: cmcba.ed@gmail.com
www.cmcba.org

P.O. Box 425
Cape May Court House, N.J. 08210

Telephone: 609-463-0313
Fax: 609-463-1656

January 2018

**RE: 2018 Cape May County Bar Association Membership Renewal
2018 Lawyer Referral Application**

Dear Bar Member:

Enclosed, please find your 2018 Cape May County Bar Association Membership Application and Lawyer Referral Application. You must be a member of the Bar Association in good standing to join the Lawyer Referral Service. Please find below the revised **Membership and Lawyer Referral fee structure**:

Membership Dues* & Lawyer Referral Fees

Law Student/ Law Clerk_____	FREE
Year ONE of Admission_____	FREE
Year TWO of Admission_____	\$ 50.00
Year THREE of Admission_____	\$100.00
Year FOUR of Admission_____	\$150.00
Years FIVE & more of Admission_____	\$200.00
JUDGES_____	\$200.00
After 40 Years/Retired/ or Age 70_____	FREE
Associate Member**_____	\$100.00
Lawyer Referral/One Area of Law_____	\$175.00
Each Additional Area of Law_____	\$ 25.00

***Members paid IN FULL by 4/1/18 will receive \$25 off the Association's
CLE BY THE SEA being held Nov 1-2, 2018 at Congress Hall in Cape May, NJ**

****Associate Members** receive all the benefits of membership,
but may not have a home or office in Cape May County or vote on any CMCBA business.

Please consider making a generous donation to the **Cape May County Bar Foundation Scholarship Fund**. Foundation Scholarships are awarded to college bound local high school students. **Please issue a separate check for the scholarship fund.**

Please feel free to contact me with any questions or concerns and return the completed application(s) to my attention c/o **The Cape May County Bar Assn, POBox 425, CMCH, NJ 08210.**

Sincerely,
Pamela M Kaithern
Executive Director

PLEASE RETURN THIS FORM WITH PAYMENT

**CAPE MAY COUNTY BAR ASSOCIATION
APPLICATION FOR BAR ASSOCIATION MEMBERSHIP
JANUARY 1, 2018 – DECEMBER 31, 2018**

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____
(Please print clearly)

Year of Admission to Bar _____

I hereby present my application for membership in the Cape May County Bar Association:

Signature

Date

For Associate Members Only:

I certify that I do not have an office or home in Cape May County:

Signature

Date

To Be Completed by All Members:

Please complete the following by checking the appropriate box:

- Law student/ Law Clerk [FREE]
- Year ONE of admission [FREE]
- Year TWO of admission [\$50.00]
- Year THREE of admission [\$100.00]
- Year FOUR of Admission [\$150.00]
- Years FIVE & more of Admission [\$200.00]
- JUDGES [\$200.00]
- ASSOCIATE member [\$100.00]
- After 40 years/ Retired/ or Age 70 [FREE]

Please check if applicable:

- Lawyer Referral [\$175.00 plus \$25.00 for each additional category]

Please check if applicable:

- Young Lawyers Division (under 36 years of age or less than 5 years in practice)

**CAPE MAY COUNTY BAR ASSOCIATION
LAWYER REFERRAL SERVICE APPLICATION
JANUARY 1, 2018 - DECEMBER 31, 2018**

Name _____

Firm _____

Address _____

Alternate Office _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Year of admission in New Jersey _____

Are you admitted in any other state? _____

Are you willing to accept cases in any other states? _____

Foreign Languages _____

Are you willing to accept one referral per year in which the client is unable to pay for your services? _____

LAWYER REFERRAL CERTIFICATION

By execution of this application, I hereby certify as to all of the following:

- I am a member in good standing of the New Jersey State Bar Association.
- I am an active member in good standing in the Cape May County Bar Association.
- I am duly qualified to practice law.
- I have the requisite experience and competence to practice in the areas for which I seek referrals as provided by the Code of Professional Responsibility.
- I will adhere to the recognized ethical standards of the profession.
- I carry Professional Liability Insurance with a required minimum of \$100,000 and \$300,000 with a \$ _____ deductible.
Insurance Company _____
Coverage Amount _____
- I agree to be bound by all rules and regulations of the Lawyer Referral Services, presently or as may be modified in the future.

Signature

Date

See Reverse Side

NOTE: Each bolded section is considered one area of law for which the fee is \$175.00. You may select as many subcategories as you like within one area for \$175.00. Each additional area or bolded section is \$25.00. Again, you may check off as many as needed within the additional area for an additional \$25.00.

Commercial (all categories)_____

Banking_____

Bankruptcy_____

Collections_____

Construction_____

Consumer Protection_____

Contracts_____

Corporations_____

Insurance_____

Criminal (all categories)_____

Juvenile_____

Major Crimes_____

Municipal Court_____

Family (all categories)_____

Adoption_____

Child Abuse/DYFS_____

Custody/Visitation_____

Domestic Violence_____

Guardianship/Incompetency_____

Paternity_____

Property Settlement Agreements_____

Separation/Divorce_____

Child Support_____

Property (all categories)_____

Advance Directives_____

Condemnation_____

Foreclosure_____

Landlord/Tenant_____

Land Use Planning_____

Tax Appeals_____

Real Estate_____

Wills/Trusts/Estate Planning_____

Employment Law (all categories)

Labor Relations_____

Employees_____

Employers_____

Unions_____

Unemployment Compensation_____

Torts (all categories)_____

Civil Rights_____

Intentional Torts_____

Negligence_____

Police Misconduct_____

Professional Malpractice_____

Product Liability_____

Workers' Compensation_____

Special Areas

Animal Rights_____

Appellate Practice_____

Casino Control_____

Civil Trial_____

Computers_____

Disabled Persons_____

Discrimination_____

Education/School Laws_____

Elder Law/Medicare/Medicaid_____

Entertainment_____

Environmental_____

Health Care_____

Immigration & Naturalization_____

Lemon Law_____

Military/Veterans Affairs_____

Patents/Trademarks/Copyrights_____

Personal Injury_____

Records_____

Small Claims_____

Social Security/Disability_____

Taxation_____

Mediation (all categories)_____

Family_____

Economic_____

Civil_____

Foreclosure_____

Other Areas (please specify)
