



**THE BAR ASSOCIATION
OF BALTIMORE CITY**

**ANNUAL BUSINESS AFFILIATE
MEMBERSHIP APPLICATION**

Name _____

Firm/Company Name _____

Address _____

Telephone _____ Fax _____ Email _____

Website _____

___ I certify that I am an employee of the above named firm/company

Please describe nature of your business _____

How did you hear about the BABC Business Affiliate Membership _____

The BABC is now inviting businesses and organizations who serve attorneys to belong to our organization. This gives you access to over 2,400 local attorneys and their support staff. A Business Affiliate Member is a person who is not an attorney, but through his or her business regularly conducts business or serves an attorney or a government agency in legal related matters is eligible to be a Business Affiliate member upon approval by the Executive Director. A Business Affiliate member shall be eligible to participate in the social and other activities of the Association, but shall not be permitted to join committees nor vote, hold office, or participate as a member of the Lawyer Referral panel.

Benefits include:

- City Bar Report - the BABC's monthly e-news
- Baltimore Barrister - BABC's Quarterly News Journal
- Member rates on advertising in the Baltimore Barrister
- Member rates on tickets to programs and events
- Name on BABC Business Affiliate webpage
- First right of refusal of BABC event sponsorships
- Member rates for BABC mailing list
- Opportunity to become a BABC member benefit provider
- Opportunity to submit news to the Baltimore Barrister
- Opportunity to submit a substantive article to the Baltimore Barrister

Business Affiliate Annual Dues

\$300

Additional Business Members (within same organization)

\$100 per individual

Name(s) _____

I would like to make a tax deductible contribution to the Baltimore Bar Foundation, Inc. (voluntary) \$35 \$50 \$100 Other _____
The Baltimore Bar Foundation awards grants to non-profit organizations for law-related programs and other good works in the community.

Enclosed is my check payable to the Bar Association of Baltimore City in the amount of \$ _____

Please charge my VISA MC # _____ Exp. Date: _____ V-Code _____

Name on card _____ Signature _____

Amount authorized for payment \$ _____

Return with payment to:

The Bar Association of Baltimore City
111 N. Calvert Street, Suite 627, Baltimore, Maryland 21202
410-539-5936 Fax 410-685-3420
Email info@baltimorebar.org
www.baltimorebar.org