

The Boston Bar Association strives to make membership affordable to as many attorneys as possible. If you need us to waive a portion of your dues, please submit your request below.

I am a

- New member
- Renewing member
- Also a member of/or applying to be a member of the BBA Lawyer Referral Service

This is my

- First request
- Second request
- _____ request

Please check one of the following Membership Types (discounts to be taken later):

Lawyer Categories

	Year Admitted to Any Bar		
	2017 or before	2018– 2019	2020 (+)
Regular Member	500	320	<input type="checkbox"/> 180
In-House	<input type="checkbox"/> 500	<input type="checkbox"/> 320	<input type="checkbox"/> 180
Government Lawyer	<input type="checkbox"/> 300	<input type="checkbox"/> 200	<input type="checkbox"/> 150
Legal Services	<input type="checkbox"/> 300	<input type="checkbox"/> 200	<input type="checkbox"/> 150
JD Professional*	<input type="checkbox"/> 320	<input type="checkbox"/> 220	<input type="checkbox"/> 170
Retired	<input type="checkbox"/> 320	N/A	N/A
Law School Faculty	<input type="checkbox"/> 310	N/A	N/A
Out of State*	<input type="checkbox"/> 300	<input type="checkbox"/> 200	<input type="checkbox"/> 150
Western MA (outside 495) or Cape Cod*	<input type="checkbox"/> 350	<input type="checkbox"/> 220	<input type="checkbox"/> 170
In-House Outside 495*	<input type="checkbox"/> 350	<input type="checkbox"/> 220	<input type="checkbox"/> 170

Non-Lawyers

- Business Professionals* 500
- Law Firm Professionals* 220
- Law Students* 95

*non-voting member types

I request my BBA Membership Dues be reduced by:

25%

50%

75%

_____ % Please note that we rarely waive more than 75% of the dues and do require that most members contribute some percentage towards dues.

Reason:

Please provide a brief reason for requesting this waiver (new practice; yet to be profitable; unemployment; personal; etc.). Thank you.

Member Information: (all required unless otherwise indicated)

Name: _____

Title: _____

Firm/Company/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Alt. email (optional): _____

Earliest date admitted to any bar: _____ State of Admission: _____

BBO # (if you have one): _____

Race/Ethnicity (optional): _____

PLEASE DO NOT SEND MONEY WITH THIS APPLICATION – we will send an invoice for the correct amount once your request has been reviewed and approved.

When finished filling out this form, please save it as a PDF and email it back to us at membership@bostonbar.org. An email confirmation of receipt will be sent within a few business days.

Questions? Please contact membership@bostonbar.org or call the Membership Department at 617-778-2040.