



MEMBERSHIP APPLICATION

I am a new member of the Horry County Bar Association _____

I am a previous member of the Horry County Bar Association _____

*** All Fields Required**

NAME: _____

EMAIL: _____

TELEPHONE: _____ **FAX:** _____

FIRM NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AMOUNT ENCLOSED: _____

Please return this form along with your check in the amount of \$ 150.00 payable to the Horry County Bar Association to Post Office Box 70722, Myrtle Beach, SC 29572.**

**** Dues are \$50.00 per year for attorneys employed with Municipalities, the Solicitor's Office, the Public Defender's Office, and Government attorneys.**

***** Membership period is from January 1st through December 31st. Dues will not be pro-rated.**

Please email info@horrybar.org if you have any questions.