



**MEMBER REGISTRATION FORM**

Name of Organization: \_\_\_\_\_

- Corporation
- Minority-Owned Law Firm
- Majority-Owned Law Firm
- Public Sector

By prior agreement of the GCMCP signatories, the Program's fiscal year begins on September 1st each year and annual contributions are due with respect to our new year. Payment of the annual dues should be postmarked by December 31st, all dues paid after January 1st include a 10% surcharge.

**Before December 31<sup>st</sup>**

- \$100 each attorney (0-5 attorneys)
- \$1000 (6-10 attorneys)
- \$2000 (11-29 attorneys)
- \$2500 (30 or more attorneys)
- \$2500 Corporation
- \$0 Public Sector Exemption

**After January 1<sup>st</sup>**

- \$110 each attorney (0-5 attorneys)
- \$1100 (6-10 attorneys)
- \$2200 (11-29 attorneys)
- \$2750 (30 or more attorneys)
- \$2750 Corporation
- \$0 Public Sector Exemption

Main Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Second Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Number of Attorneys: \_\_\_\_\_

Number of Minority Attorneys: \_\_\_\_\_

- I. Our organization would like to be considered for Steering Committee Representation \_\_\_\_\_ yes \_\_\_\_ no.  
 If selected, (Name) \_\_\_\_\_, (Title) \_\_\_\_\_ would be our representative.  
 (Phone No.) ( \_\_\_\_\_ ) \_\_\_\_\_
  
- II. Our organization understands that we are required to have a representative on at least one working committee.  
 (Annual Evaluation, Nomination, Membership, Communication, Annual Conference)  
  
 (Name) \_\_\_\_\_ will be our working committee representative on  
 the \_\_\_\_\_ Committee. (*The contact person, Steering Committee and Working  
 Committee representative can be the same person.*)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS/SUGGESTIONS

\_\_\_\_\_  
\_\_\_\_\_

***Please remit completed form with payment to the address below.  
Make all checks payable to GCMCP.***

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