



**SOUTH CAROLINA COMMISSION ON LAWYER CONDUCT**  
**1220 SENATE STREET, SUITE 111**  
**COLUMBIA, SOUTH CAROLINA 29201**  
**PHONE: (803)734-2037**  
**FAX: (803)734-0363**

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**PUBLIC MEMBER APPLICATION FORM**

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**INSTRUCTIONS:**

Please provide complete and accurate answers. Please type or print legibly in ink. Forward the completed application form to the above address.

**PERSONAL INFORMATION:**

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

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you been a S.C. Resident? \_\_\_\_\_

**EDUCATION AND EXPERIENCE:** (If resume attached, it is not necessary to complete items A-D of this section)

A. Degree Attained:

B. Educational Institution:

C. Other Educational Information (use additional paper if necessary):

D. Employment History – paid, unpaid or voluntary (use additional paper if necessary):

**REFERENCES:**

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**REASON FOR APPLYING FOR THIS POSITION (use additional paper if necessary):**

**Certification:** I affirm the information I have entered on this application is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the application, it may be rejected or I may be removed from the position. I agree that the Commission may contact persons who know me to obtain additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

**Signature (in ink):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* All applicants are subject to a criminal background check by the South Carolina Law Enforcement Division**