



San Mateo County Bar Association
 333 Bradford Street, Suite 200
 Redwood City, CA 94063
 Phone 650.298.4030 Fax 650.368.3892
www.smcba.org

Application for Membership Reinstatement

Dues are based on a fiscal year from July 1 – June 30.

Please type or print clearly. Return completed application with payment.

First _____ Middle Initial _____ Last _____ Date of Birth: _____

California State Bar No: _____ Month/Year Admitted: _____ Male
 Female

Title: _____

Firm Name: _____

Mailing Address: _____
 Street _____ City _____ State _____ Zip _____

Office Phone: _____ Office Fax: _____

Email address: _____ Website: _____

Law School: _____ Month and Year Graduated: _____

Have you ever been disciplined by the State Bar of California, or any other State Bar Association? Yes No
 If, "yes", please attach a separate sheet with the name of the Bar Association, date of discipline, and description of discipline.
 I declare, under penalty of perjury, under the laws of the State of California, that the above information is true and correct.

Dated: _____ Signature: _____

Membership Dues

Members who have been continuous members of the SMCBA may be eligible for special benefits. Call 650.298.4018 prior to completing and returning this Reinstatement Application.

- Attorney Admitted to the California State Bar five (5) years or more **\$ 215.00**
 - Attorney Admitted to the California State Bar within the past five (5) years **\$ 155.00**
 - Associate Member **\$ 185.00**
 - Retired Member **\$ 55.00**
 - Re-instatement fee:** **\$ 50.00**
- Total Dues:** \$ _____

Sections & Committees

| Sections | Committees | Committees |
|--|---|---|
| Alternative Dispute Res. <input type="checkbox"/> \$30 | Awards <input type="checkbox"/> Free | Law Library Liaison <input type="checkbox"/> Free |
| Barristers <input type="checkbox"/> Free | Bench/Bar Liaison <input type="checkbox"/> Free | Legal Clinic Committee <input type="checkbox"/> Free |
| Business Litigation <input type="checkbox"/> \$30 | Charitable Giving <input type="checkbox"/> Free | Medical Legal Liaison <input type="checkbox"/> Free |
| Criminal Law <input type="checkbox"/> \$30 | Client Relations <input type="checkbox"/> Free | Membership <input type="checkbox"/> Free |
| EstPln/Prob/Elder Law <input type="checkbox"/> \$30 | Conference of CA Bar Associations <input type="checkbox"/> Free | Nominations <input type="checkbox"/> Free |
| Family Law <input type="checkbox"/> \$30 | Committee for Professional Equality <input type="checkbox"/> Free | Operations <input type="checkbox"/> Free |
| Gov/Municipal Law <input type="checkbox"/> \$30 (must work for muni/gov't entity) | Community Affairs <input type="checkbox"/> Free | Private Defender Program <input type="checkbox"/> Free (must work for PDP) |
| Intellectual Property <input type="checkbox"/> \$30 | Community Law Night <input type="checkbox"/> Free | Publications <input type="checkbox"/> Free |
| Labor & Employment Law <input type="checkbox"/> \$30 | Diversity Committee <input type="checkbox"/> Free | |
| Real Estate <input type="checkbox"/> \$30 | Funky Credit Day <input type="checkbox"/> Free | |
| Women's Lawyers <input type="checkbox"/> \$30 | Lawyer Referral Service <input type="checkbox"/> Free | |

I volunteer for the following Committees for the Calendar Year. I understand that the President appoints committee members upon taking office and, if appointed, I will be notified at that time.

Attorneys in practice 10 years or less or 36 years of age or younger are automatically registered for the Barristers, at no cost.

I would like to contribute \$10 to the Barristers' Fund. Contributions to the SMCBA are not deductible as charitable contributions, but may be deductible under other sections of the Internal Revenue Code **Total Section Dues:** \$ _____

I am interested in serving as an Arbitrator on Attorney/Client Fee Arbitration matters. **Barristers Fund** \$ _____

The SMCBA occasionally sells membership lists/mailling labels to members and non-members who would otherwise collect this information from the telephone directory. To be excluded from such lists, please check this box.
 ****The SMCBA does not share email addresses of its members.

Payment Options **Total (of all dues above) Enclosed:** \$ _____

I am paying by: VISA MasterCard AMEX Discover Account Number: _____
 Credit Card Verification Number (Italicized numbers on reverse of card): _____
 Expiration Date: ____/____/____ Name on Card: (Please print clearly): _____
 Billing Address for this card: _____
 Authorized Signature: _____ Today's Date: _____

I am paying by the enclosed check, payable to the San Mateo County Bar Association.

Return Completed Form to: Reinstatement Membership-SMCBA, 333 Bradford Street, Suite 200., RWC, CA 94063