



**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](http://www.smcba.org)

## Application for Associate Membership

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

Please type or print clearly. Return completed application with payment for Section and Membership dues.

**Associate membership applies to persons over the age of 18 whose business relates to attorneys and the practice of law.**

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_  Male  
 Female

Company Name & Type of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Explain how your business relates to attorneys and the practice of law: \_\_\_\_\_

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

If you are joining SMCBA between:	Dues:
<input type="checkbox"/> July 1 <sup>st</sup> – September 30 <sup>th</sup>	<b>\$185</b>
<input type="checkbox"/> October 1 <sup>st</sup> – December 31 <sup>st</sup>	<b>\$167</b>
<input type="checkbox"/> January 1 <sup>st</sup> – March 31 <sup>st</sup>	<b>\$113</b>
<input type="checkbox"/> April 1 <sup>st</sup> – June 30 <sup>th</sup>	<b>\$59</b>

Membership Dues: \_\_\_\_\_

### Sections & Committees

Sections	Committees	Committees
Alternative Dispute Res. <input type="checkbox"/> \$30	Awards <input type="checkbox"/> Free	Legal Clinic Committee <input type="checkbox"/> Free
Barristers <input type="checkbox"/> Free	Bench/Bar Liason <input type="checkbox"/> Free	Lawyer Referral Service <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.**

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 number on signature line 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: Associate Membership-SMCBA, 333 Bradford Street, Suite 200., RWC, CA 94063**