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 New Attorney Membership

New membership in the SMCBA is free for the first 12 months. Dues year is July 1 – June 30.
Please type or print clearly. Return completed application with payment for Section Membership.

_____ Date of Birth: _____
First Middle Initial Last

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

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: _____ Attorney Signature: _____

Sections & Committees

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

Barristers Fund $ _____

❒ I am interested in serving as an Arbitrator on Attorney/Client Fee Arbitration matters.

❒ The SMCBA occasionally sells membership lists/mailing 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. For your protection, we cannot process payment without this number): _____

Expiration Date: _____/_____ Name on Card: (Please print clearly): _____

Billing Address for this card: _____
_____

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