



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 Student Membership

Student membership in the SMCBA is free.

Please type or print clearly. Return completed application.

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

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

Phone: _____ Email address: _____ Male
 Female

ABA or CA Accredited Law School: _____ Expected Yr. of Graduation: _____

Please submit your current semester's Course Registration showing the courses you are enrolled in.

Have you registered for Bar Exam? Yes No If so, date of Bar Exam: _____

Once admitted to the State Bar you would need to apply for the SMCBA Attorney Membership.
******The first year of SMCBA Attorney Membership is also free.**

I declare, under penalty of perjury, under the laws of the State of California, that the above information is true and correct.

Dated: _____ Signature: _____

Sections & Committees

Sections	Committees	Committees
Alternative Dispute Res. <input type="checkbox"/> Free	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"/> Free	Charitable Giving <input type="checkbox"/> Free	Medical Legal Liaison <input type="checkbox"/> Free
Criminal Law <input type="checkbox"/> Free	Client Relations <input type="checkbox"/> Free	Membership <input type="checkbox"/> Free
EstPln/Prob/Elder Law <input type="checkbox"/> Free	Conference of CA Bar Associations <input type="checkbox"/> Free	Nominations <input type="checkbox"/> Free
Family Law <input type="checkbox"/> Free	Committee for Professional Equality <input type="checkbox"/> Free	Operations <input type="checkbox"/> Free
Gov/Municipal Law <input type="checkbox"/> Free (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"/> Free	Community Law Night <input type="checkbox"/> Free	Publications <input type="checkbox"/> Free
Labor & Employment Law <input type="checkbox"/> Free	Diversity Committee <input type="checkbox"/> Free	
Real Estate <input type="checkbox"/> Free	Funky Credit Day <input type="checkbox"/> Free	
Women's Lawyers <input type="checkbox"/> Free	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

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 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: _____

Authorized Signature: _____ Today's Date: _____

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

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