



Application for Associate Membership

San Mateo County Bar Association
333 Bradford Street, Suite 150
Redwood City, CA 94063
Phone: 650.298.4030 Email: Membership@smcba.org

Submit completed form to the address above, attention Membership Dept with payment for Section and Membership Dues.

Associate membership applies to non-attorney persons over the age of 18 whose business relates to the legal profession.

Dues are based on a calendar year from January 1—December 31. Please type or print clearly.

Male

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

Company Name/Type of Business _____

Office Address _____
Street _____ City _____ State _____ Zip _____

Office Phone _____ Office Fax _____ Email _____

Mailing Address (if different from above) _____
Street _____ City _____ State _____ Zip _____

Explain how your business relates to the legal profession: _____

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

Signature _____ Dated _____

Membership Dues

If you are joining SMCBA between:	Price
<input type="checkbox"/> January 1st—March 31st	\$205
<input type="checkbox"/> April 1st—June 30th	\$185
<input type="checkbox"/> July 1st—September 30th	\$123
<input type="checkbox"/> October 1st—December 31st	\$62

Membership Subtotal: _____

Sections

<input type="checkbox"/> Alternative Dispute Resolution	\$30
<input type="checkbox"/> Barristers	FREE
<input type="checkbox"/> Business/Business Litigation	\$30
<input type="checkbox"/> Corporate In-House Counsel	\$30
<input type="checkbox"/> Criminal Law	\$30
<input type="checkbox"/> Estate Planning/Probate	\$30
<input type="checkbox"/> Family Law	\$30
<input type="checkbox"/> Government/Municipal Law	\$30
<input type="checkbox"/> Intellectual Property	\$30
<input type="checkbox"/> Labor & Employment Law	\$30
<input type="checkbox"/> Public Interest Law	\$30
<input type="checkbox"/> Real Estate	\$30
<input type="checkbox"/> Women Lawyers'	\$30

Section Subtotal: _____

Committees (free)

I would like to 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 the time.

- | | |
|--|--|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Law Library Liaison |
| <input type="checkbox"/> Bench & Bar | <input type="checkbox"/> Legal Clinic |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Conference of CA Bar Associations | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Funky Credit Day | <input type="checkbox"/> Race & Social Justice |
| <input type="checkbox"/> Lawyer Referral Service | |

Additional Options

- I am interested in serving as an Arbitrator/Mediator for the Fee Arbitration Program.
- 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.**

Method of Payment Check this box if you wish to store your credit card information in SMCBA's secured database for future payments.

Visa MasterCard American Express Discover Check payable to SMCBA enclosed. **Total Enclosed:** _____

Credit Card # _____ Exp. date _____ Billing Address for this card _____

Name on Card (please print clearly) _____ C.C. Authorization # _____ Signature _____ Today's Date _____