



Application for New Attorney 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 (if any)

New Attorney Membership in SMCBA is FREE for the first 12 months.

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

Male
 Female

First _____ Middle Initial _____ Last _____ Date of Birth _____
 California State Bar No. _____ Date Admitted _____
 Firm Name _____
 Office Address _____
 Street _____ City _____ State _____ Zip _____
 Office Phone _____ Office Fax _____ Email _____
 Mailing Address (if different from above) _____
 Street _____ City _____ State _____ Zip _____
 Law School _____ Month & 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.

Signature _____ Dated _____

Sections (first year free)

- Alternative Dispute Resolution
- Barristers (automatically enrolled if attorney has been practicing 10 years or less or is 36 years of age or younger.)
- Business/Business Litigation
- Corporate In-House Counsel
- Criminal Law
- Estate Planning/Probate
- Family Law
- Government/Municipal Law
- Intellectual Property
- Labor & Employment Law
- Public Interest Law
- Real Estate
- Women Lawyers'

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.

- Awards
- Bench & Bar
- Client Relations
- Community Affairs
- Conference of CA Bar Associations
- Diversity
- Funky Credit Day
- Lawyer Referral Service
- Law Library Liaison
- Legal Clinic
- Membership
- Nominations
- Operations
- Publications
- Race & Social Justice

Additional Options

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

Method of Payment

- 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 _____

As an SMCBA member, you have the option to securely store your credit/debit card information in your profile. **Check this box if you wish to store the credit card information above to pay for products and services. Only SMCBA products and services that you select and/or authorize will be charged to your card.**