



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 in:

- Jan. \$205 Feb. \$188 Mar. \$171
- Apr. \$154 May \$137 Jun. \$120
- Jul. \$103 Aug. \$85 Sep. \$68
- Oct. \$51 Nov. \$34 Dec. \$17

Membership Subtotal: _____

Sections

- Alternative Dispute Resolution \$35
- Barristers FREE
- Business/Business Litigation \$35
- Corporate In-House Counsel \$35
- Criminal Law \$35
- Estate Planning/Probate \$35
- Family Law \$35
- Government/Municipal Law \$35
- Intellectual Property \$35
- Labor & Employment Law \$35
- Public Interest Law \$35
- Real Estate \$35
- Women Lawyers' \$35

Section Subtotal: _____

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 _____

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
- Conference of CA Bar Associations
- Community Affairs
- Diversity, Equity & Inclusion
- Funky Credit Day
- Lawyer Referral Service
- Law Library Liaison
- Membership
- Nominations
- Operations
- Publications
- Race & Social Justice

Additional Options

- 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.**