



Application for Membership Reinstatement

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, Membership Dues, and reinstatement fee.

Reinstating members must pay full membership dues along with the reinstatement fee.

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

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 _____

Membership Dues

- | Please select your membership category: | Price: |
|--|--------------|
| <input type="checkbox"/> Attorney admitted 5 years or more | \$260 |
| <input type="checkbox"/> Attorney admitted within past 5 years | \$195 |
| <input type="checkbox"/> Associate Member (non-attorney) | \$205 |
| <input type="checkbox"/> Retired Member | \$100 |
| Re-instatement fee | \$100 |

Membership Subtotal: _____

Sections

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

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"/> Membership |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Conference of CA Bar Associations | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Diversity, Equity & Inclusion | <input type="checkbox"/> Race & Social Justice |
| <input type="checkbox"/> Funky Credit Day | |
| <input type="checkbox"/> Lawyer Referral Service | |

Additional Options

- 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/ 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.**

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 _____