



Application for Student 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 your current semester's Course Registration.

Student membership applies to persons over the age of 18 who are currently enrolled as paralegal/law students or are recent graduates who have not yet been admitted to practice. **Student membership is free.** Please type or print clearly.

First _____ Middle Initial _____ Last _____ Date of Birth _____ Male
 Female
Name of Law School _____

Home Address _____
Street _____ City _____ State _____ Zip _____

Home Phone _____ Home Fax _____ Email _____

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

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

Once admitted to the State Bar you would need to apply for the SMCBA Attorney Membership.
****First Time Attorney Members of SMCBA get the first 12-month free!

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 (FREE)

- Alternative Dispute Resolution
- Barristers
- 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
- 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.**

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 _____