

# The Palo Alto Area Bar Association Membership Application

405 Sherman Avenue, Palo Alto, CA 94306

650-326-9322 (f: 326-2218), info@paaba.org or visit www.paaba.org

<b>Member Information:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal Full Name: _____ Firm Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____ Website Address: _____ I am admitted to practice in the following states (list admit state, year admitted and Bar ID): 1. _____ 2. _____ 3. _____	<b>Demographic Information:</b> Law School: _____ Areas of Practice: _____ _____ _____ <b>Committee/Event Interests:</b> Please indicate your interest in the following: <input type="checkbox"/> Community Law Night <input type="checkbox"/> Fee Arbitration Panel <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Lawyers in the Classroom <input type="checkbox"/> Lawyer Referral Service <input type="checkbox"/> Membership <input type="checkbox"/> Solo & Small Firm <input type="checkbox"/> Speakers Program Other suggestions: _____
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<b>Firm Profile:</b> <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public/Government <input type="checkbox"/> In-House Counsel <input type="checkbox"/> Law Firm	<i>Office with</i> <input type="checkbox"/> 1-9 Attorneys <input type="checkbox"/> 10-24 Attorneys <input type="checkbox"/> 25-79 Attorneys <input type="checkbox"/> 80 + Attorneys
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**Membership Dues: Membership is from January to December 2009.**

<input type="checkbox"/> Attorney Member: <b>\$100</b> <input type="checkbox"/> Affiliates: <b>\$75</b> (other legal professionals) <input type="checkbox"/> Students <b>\$25</b>	<i>Discounts—50% reduction to dues:</i> <input type="checkbox"/> Inactive with the State Bar of California <input type="checkbox"/> Retired <input type="checkbox"/> Government Employee
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Enclosed is a check made payable to PAABA.

I am paying by credit card. (Fax or email form to contact information above.)

VISA  Mastercard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_