

The Palo Alto Area Bar Association
Membership Application
 405 Sherman Avenue, Palo Alto, CA 94306
 650-326-8322, info@paaba.org or visit www.paaba.org

Member Information: _New _Renewal	Demographic Information:
Full Name:	Law School:
Firm Name:	Areas of Practice:
Address:	
City, State, Zip:	
Phone:	Committee/Event Interests:
Email:	Please indicate your interest in the following:
Website Address:	<input type="checkbox"/> Community Law Night
I am admitted to practice in the following states (list admit state, year admitted, and Bar ID):	<input type="checkbox"/> Fee Arbitration Panel
1.	<input type="checkbox"/> Golf Tournament
2.	<input type="checkbox"/> Lawyers in the Classroom
3.	<input type="checkbox"/> Lawyer Referral Service
	<input type="checkbox"/> Membership
	<input type="checkbox"/> Solo & Small Firm
	<input type="checkbox"/> Patent Group
	<input type="checkbox"/> Tax Group
	<input type="checkbox"/> Trial Law Group
	<input type="checkbox"/> Speakers Program
	Other suggestions:

Firm Profile:	Office Size:
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> 1-9 attorneys
<input type="checkbox"/> Public/Government	<input type="checkbox"/> 10-24 attorneys
<input type="checkbox"/> In-House Counsel	<input type="checkbox"/> 25-79+ attorneys
<input type="checkbox"/> Law Firm	<input type="checkbox"/> 80+ attorneys

Membership Dues: Membership is for one year from receipt of payment of dues.

- | | | |
|---|-------|--|
| <input type="checkbox"/> Attorney Member | \$100 | Discounts – 50% reduction in fees |
| <input type="checkbox"/> Affiliates (other legal professionals) | \$75 | <input type="checkbox"/> Retired/Inactive with the State Bar |
| <input type="checkbox"/> Students | \$25 | <input type="checkbox"/> New Attorneys (<5 years) |
| | | <input type="checkbox"/> Government employee |

- Enclosed is a check made payable to PAABA.
- I am paying by credit card. (Fax or email form to PAABA contact information above.)
- VISA Mastercard

Name on Card: _____ Card Billing Address (including Zip Code): _____

Account Number: _____ Exp. Date: _____ Security Code: _____

Authorized Signature: _____