

SBAA Membership Form

Type of membership: Student (free) Attorney licensed 5 yrs or more (\$100)
 Paralegal (\$50) Attorney licensed less than 5 yrs (\$50)
 New member Renewal

Full name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Personal email: _____

Name of Employer: _____

Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work email: _____

Fax: _____ Mobile Phone: _____

I prefer to receive SBAA Communications at my: Home Work Do not contact

Please include my information in the SBAA Directory: Home Work Do not list

Law School attended: _____

Graduation year: : _____

Bar admissions (state and year): _____

Areas of Practice (please list): _____

I am interested in the following SBAA events: (check all that apply)

Continuing Legal education programs Social events
Teaching a CLE course for SBAA members Volunteering for a planning committee
Networking events

In addition to my membership dues, I have included \$ _____ as a donation to the SBAA scholarship foundation.

If you are interested in making a recurring donation to the foundation, please check here.