



2019 EARLY BIRD MEMBERSHIP RENEWAL FORM

MEMBER INFORMATION

Mr. Ms.
 Name: _____
 Firm/Office: _____
 Street: _____
 City/Zip: _____
 E-Mail: _____
 Phone: _____
 Fax: _____

CA State Bar #: _____

TYPE OF PRACTICE:

SOLO NON-PROFIT
 SMALL FIRM (2-5) CORPORATE
 MEDIUM FIRM (6-20) OTHER _____
 LARGE FIRM (21+) _____
 PUBLIC/GOVERNMENT

SECTIONS YOU WISH TO JOIN \$35 EACH

ALTERNATIVE DISPUTE RESOLUTION LABOR & EMPLOYMENT INSURANCE
 BARRISTERS - FREE* WOMEN LAWYERS REAL PROPERTY
 FAMILY LAW HIGH TECHNOLOGY

* MUST BE UNDER 36 YEARS OF AGE AND IN PRACTICE FEWER THAN 5 YEARS

DUES & PAYMENT

PLEASE INCLUDE PAYMENT WITH SUBMISSION

ATTORNEYS - SAVE \$30 TODAY

in practice 5+ years: ~~\$315~~ **285** _____
 in practice fewer than 5 years: ~~\$240~~ **210** _____

ASSOCIATES

(Attorneys not admitted in California but licensed by another State)

~~\$255~~ **225** _____

AFFILIATES

(Non-Attorneys)

~~\$225~~ **200** _____

STUDENTS

\$25 _____

SECTION FEES _____ x \$35 = _____

TOTAL _____

Check # _____ payable to SCCBA
 Card Number _____ Visa/MC/Discover
 EXP: _____ CSV Code: _____
 cardholder name: _____
 Billing Address: _____ (if different than above)
 Signed: _____
 Cardholder Phone: _____

MAIL:
 SCCBA
 31 North Second Street,
 Suite 400
 San Jose, California 95113

EMAIL: rykerh@sccba.com
FAX: (408) 850-1506

QUESTIONS?
 call (408) 975-2100

SAVE \$30 RENEW BY SEPTEMBER 14, 2018 AT 4:45 PM