

Foothills Bar Association - Membership Application

The FBA membership year is July 1 - June 30.

****DUES FOR FIRST-TIME APPLICANTS WHO HAVE BEEN A MEMBER OF THE CALIFORNIA STATE BAR FOR LESS THAN ONE (1) YEAR = \$40.00; DUES FOR LAW STUDENTS = \$25.00****

Please print or type: New Renew with changes as noted Renew - no changes
(COMPLETE '**' AREAS)

** Name: _____
Name of firm: _____
Office Address: _____
Office Phone: _____
Fax: _____
E-Mail Address: _____

I understand that by providing my fax number and email address, I hereby consent to receive faxes and email messages sent by or on behalf of the Foothills Bar Association.

Further, I agree that my professional contact information may be published on the Foothills Bar Association website and in the annual Foothills Bar Association Attorney Directory.
If you do not want your professional information published in the directory or on the website, please initial here. _____

Foreign Languages Spoken: _____

I am a member in good standing of the State Bar(s) of: _____

CA Bar #: _____
Year Admitted to Practice: _____

Are you interested in becoming actively involved? (please circle one below)

- * Yes, I would like to become actively involved, and have time to devote.
- * Yes, I would like to become actively involved, but have limited time to devote.
- * No, I do not wish to be actively involved, but do wish to take advantage of FBA membership benefits.

If you would like to be actively involved and have time to devote would you like to hold a position?
(please circle one) Yes No

If you answered yes, what committee and/or position are you interested in?

Please choose a section: Family Law, Estate Planning, Civil Litigation, Criminal

Please choose a committee: Advertising, Annual Dinner, Golf Tournament, Hard-to-Get Seminar, Law Day, MCLE Membership, Monthly Newsletter, Website

** Date: _____
** Signature of Applicant _____

Please return the completed Membership Application, together with your check for \$55.00 membership dues made payable to Foothills Bar Association and mail to: Foothills Bar Association, P. O. Box 1077 , El Cajon , CA 92020 or fax the application with your credit card information to 619-667-4580.

Credit Card Number: _____
 Security Code: _____
 Name on Credit Card: _____
 Expiration month/year: _____

CHECK AREA(S) OF PRACTICE TO BE INCLUDED IN THE FOOTHILLS BAR ASSOCIATION TELEPHONE DIRECTORY AND FOOTHILLS BAR WEBSITE

- | | |
|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Legal Malpractice |
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Mechanic's Liens |
| <input type="checkbox"/> Appellate | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Military |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Collections/Consumer | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Commercial/Construction | <input type="checkbox"/> Public Defender |
| <input type="checkbox"/> Conservatorship | <input type="checkbox"/> Real Estate/Land Use/Environment |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> School |
| <input type="checkbox"/> Dental Malpractice | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Sports/Entertainment |
| <input type="checkbox"/> Eminent Domain | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Worker's Compensation |

Estate Planning/Wills/Trusts

Family/Domestic

LIST ALL AREA(S) OF CERTIFIED SPECIALIZATION

General _____

Guardianship

Home Owners Association

Immigration

Internal Revenue Service/Tax

Insurance

Intellectual Properties

Juvenile

Landlord/Tenant