Foothills Bar Association Of San Diego County

P.O. Box 1077 El Cajon, CA 92020

Membership Application

The FBA Membership year is July 1 – June 30 \$65.00 Membership Fee

Dues are waived for first-time applicants who have been a member of the CA State Bar for less than one (1) year

Please Print or Type:

Required fields **

☐ New ☐ Renew with changes a	s noted ☐ Renew with No changes
** Name:	
Name of Firm:	
Office Address:	
Office Phone:F	ax Number:
Email Address:	
(I understand that by providing my fax number and email addition or on behalf of the I	ress, I hereby consent to receive faxes and email messages by Foothills Bar Association)
I agree that my professional contact information may	be published on the Foothills Bar Association website
If you DO NOT want your professional information pub	ar Association Attorney Directory. lished in the directory or on the website, please initial
Foreign Languages Spoken:	
I am a member in good standing of the State B	ar(s) of:
CA Bar #:Year ad	Imitted to Practice:
Are you interested in becoming a	actively involved? (please check one)
$\hfill \square$ Yes, I would like to become actively involved	, and have time to devote.
\square Yes, I would like to become actively involved	, but have limited time to devote.
$\hfill \square$ No, I do not wish to be actively involved, but membership benefits.	do wish to take advantage of FBA
If you would like to be actively involved and haposition? (Please circle one) \square yes or \square No	ve time to devote would you like to hold a
If you answered yes, what committee and/or p	osition 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 D	Day MCLE Membership Monthly Newsletter Website			
Check all areas of practice to be included in the Foothills Bar Association Telephone Directory				
and on the Foothills Bar Website:				
☐ Administrative	☐ Internal Revenue Service/ Tax			
☐ Adoptions	□ Insurance			
☐ Appellate	☐ Intellectual Properties			
☐ Aviation	□ Juvenile			
☐ Banking	\Box Landlord/ Tenant			
☐ Bankruptcy	☐ Legal Malpractice			
☐ Business/ Corporate	☐ Mechanic's Liens			
☐ Civil Litigation	☐ Medi-Cal			
☐ Collections/ Consumer	☐ Mediation			
☐ Commercial/ Construction	☐ Medical Malpractice			
□ Conservatorship	☐ Military			
☐ Criminal	☐ Municipal			
☐ Dental malpractice	☐ Personal Injury			
□ Elder	☐ Probate			
☐ Eminent Domain	☐ Public Defender			
☐ Employment	☐ Real Estate/ Land Use/ Environment			
☐Estate Planning/ Wills/ Trusts	□ School			
☐ Family/ Domestic	☐ Securities			
☐ General	☐ Sports/ Entertainment			
☐ Guardianship	☐ Social Security			
☐ Home Owners Association	☐ Worker's Compensation			
□Immigration	List all areas of Certified Specialization:			
** Date: **Ap	oplicant Signature:			

Please return the completed Membership Application, together with your check for **\$65.00** made payable to: **Foothills Bar Association** and mail to:

Foothills Bar Association P.O. Box 1077 El Cajon, CA 92020 www.foothillsbar.org

If you wish to pay the membership fee by credit card, please complete the credit card information on the following page. Your credit card information will be not be retained after processing.

For payments by credit card:

Name:		
Address:		
Credit Card Number:	Security Code:	
Type of Card (i.e. MasterCard, VISA, American Express):		
Name on Credit Card:		
Expiration month/year:		

Please note: This information will be not retained after processing.