

Solano County Bar Association 2016 Membership Form

Thank you for your interest in the Solano County Bar Association. We look forward to having you as an SCBA member and encourage you to take advantage of our many benefits.

Please PRINT and COMPLETE all the information requested in this application. Mail this form, along with your payment to the address shown below.

DUES STRUCTURE:

\$120	Members in practice over 10 years	\$90	Member in practice under 5 years
\$105	Members in practice over 5 years	\$75	Government employee members
\$55	Associate Members * (non attorney/lay person/legal assistants/legal professionals)		
\$ ___	Donation to Law Library	\$ ___	Donation to Scholarship Fund
No Fee for new admittees/law school students			

NAME: _____ STATE BAR NUMBER: _____

FIRM/AGENCY: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

YEARS PRACTICING LAW: _____

PRACTICE LIMITATIONS:

1. _____
2. _____
3. _____

Please make checks payable to the Solano County Bar Association and mail completed application to P.O. Box 3524, Fairfield, CA 94533 or scba@solanobar.org

CREDIT CARD PAYMENTS:

Visa/Mastercard Number: _____ Exp: ____/____

Security Code: _____ Signature: _____

*By signing below, I agree that, when identifying in any manner my membership in the Solano County Bar Association (SCBA), I will include the "Associate Member" designation in any such identification. I further agree that I will not use my status/designation as an "Associate Member" of the SCBA to state, suggest or imply that I am a member of the State Bar of California or that I am licensed to practice law. I understand that violation of the above described agreement may result in revocation/termination of my membership with the SCBA.

Check here if you do not wish to be included in the 2016 SCBA on-line membership directory which be available to the public.

Signature: _____ Date: _____