

**Solano County Bar Association  
BARRISTERS  
2016 Membership Form**

Thank you for your interest in the Solano County Bar Association's Barristers section. If at least half of your practice is criminal defense, we invite you to join the Barristers. We look forward to having you as a 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.

**ANNUAL DUES: \$50.00**

**NAME:** \_\_\_\_\_ **STATE BAR NUMBER:** \_\_\_\_\_

**FIRM/AGENCY:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**YEARS PRACTICING LAW:** \_\_\_\_\_

**PRACTICE LIMITATIONS:**

**(Must practice minimum 50% in criminal defense)**

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.

**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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_