

# Solano County Bar Association

## 2023 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:

\$110 Members – Flat Fee **includes ALL 3 Crazy Credit week programs in January if you renew by the date of the program (see insert)**

\$55 Associate Members \* (non attorney/lay person/legal assistants/legal professionals)

\$ \_\_\_ Donation to Law Library

\$ \_\_\_ Donation to Balding Scholarship Fund

\$ \_\_\_ Donation to Raising the Bar Scholarship Fund    \$ \_\_\_ Donation to Veteran's Drive

**\*\*No Fee for new admittees/law school students\*\***

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

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

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

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LAW FIRM ADMIN EMAIL: \_\_\_\_\_

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

PRACTICE LIMITATIONS:

1. \_\_\_\_\_

2. \_\_\_\_\_

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 may be sent via email: [scba@solanobar.org](mailto: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 online directory which will be available to the public

CHECK HERE IF YOU WISH TO CONTINUE TO RECEIVE HARD COPIES OF SCBA EVENTS IN THE US MAIL

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