



NAME (full name): \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PROFESSION: \_\_\_\_\_

Confidential Information

COLLEGE: \_\_\_\_\_

POST GRADUATE DEGREES (INCLUDING INSTITUTION): \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

I would like information about:

- Lawyer Referral Service
Shortstop Program

I would like to participate in the following committees:

- Arbitration
Community Outreach
Courts
Golf Tournament
Lawyer Referral Service
Legislative
Membership
Programs
Scholarship
Ski Trip
Technology
Youth & Law

I would like to participate in the following sections (annual section dues required):

- Admiralty \$45
Barristers No Fee
Criminal Law \$20
Family Law \$20
Mentoring Program No Fee
Probate & Estate Planning \$20

(Section dues are based on calendar year and cannot be pro-rated.)

Annual Dues Schedule

- Associate Membership \$300.00

Mail application and make check payable to:

Long Beach Bar Association
3515 Linden Avenue
Long Beach CA 90807

Credit Card payment ( ) Visa ( ) MasterCard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CVC Code# \_\_\_\_\_ (reverse side of credit card)