MEMBERSHIP INFORMATION FORM

NAME _____ DATE_____

Cal. State Bar # _____ Date Admitted _____

FIRM NAME _____

POSITION: [ ] Firm Member [ ] Associate [ ] Sole Practitioner

Number of attorneys in the firm (Other than yourself) _____

OFFICE ADDRESS: _____
Street Suite #

_____
City State Zip

BUSINESS PHONE: _____ HOME PHONE:_____

FACSIMILE:_____ E-MAIL _____

Branch of affiliated offices? (Please list address, city and state)

Date of admission to any State Bar: _____/_____ Date of birth _____/_____/_____

Other States in which you were admitted _____ Date of admission _____/_____/_____

I am personally fluent and can converse with clients in the following languages:

[ ]Spanish [ ]French [ ]Farsi [ ]Russian [ ]Chinese [ ]Hebrew [ ]Armenian

Other: _____

I can arrange for Saturday &/or Evening appointments: [ ] Yes [ ] No

I am willing to handle matters at 50% of my regular rate for a MODEST MEANS client. [ ] Yes [ ] No

FOR OFFICE USE ONLY:

Date Application Received ____/____/____ BHBA Member: _____ ____/____/____
Yes/No Date joined

Fee pro-rate by Quarter: A._____ B. _____ C. _____ D. _____
100% 75% 50% 25%

CalBar Standing: _____ BHBA ID#_____

Panel Waiting List: [ ]Biz Lit. ___Biz Trans. ___Corporations ___Unfair Competition ___Crim. Felonies
___Criminal Misd. ___Juvenile ___Family ___Probate Will Draft. ___Will Contest ___Trust Form. ____Estate Plan.
___Conservatorship ___Real Property Purchase/Sale ___Litigation ___Other _____

Insurance Declaration Page _____/_____/_____ Committee Approval: ____/____/____
Renewal Date