

SANTA CLARITA VALLEY BAR ASSOCIATION APPLICATION

Type of Membership: California Licensed Attorney non-California Attorney
 Non-legal member

Bar Number: _____ Admission Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Firm Name: _____

Mailing Address: _____

Phone Number (____) _____ Fax Number: (____) _____

Email: _____ @ _____ Cell Number: (____) _____

Website address if any: _____

If not joining as an active attorney, please indicate your profession: _____

Please indicate your area(s) of practice:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alternative Dispute | <input type="checkbox"/> Education | <input type="checkbox"/> Legal Malpractice |
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Elder Law | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Employment | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Business & Corporate | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Environmental | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Civil Rights/Discrimination | <input type="checkbox"/> General Practice | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Family | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Construction Defect | <input type="checkbox"/> Health | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Consumer Issues | <input type="checkbox"/> HOA Matters | <input type="checkbox"/> Toxic Torts |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Immigration | <input type="checkbox"/> Trusts and Estates |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Insurance | <input type="checkbox"/> Wills and Probate |
| <input type="checkbox"/> Cyberlaw | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Debt Collection | <input type="checkbox"/> Landlord/Tenant | |

If you belong to any other Bar Associations, please list: _____

Please indicate if you are interested in serving on any of the following committees, and underline particular areas of interest. You may be contacted if your assistance is needed. Of course, there is no obligation:

- Bench Bar Committee (Liaisons to the court, grievances b/w attorneys, mediation)
- Programs (Events, meetings, fundraising, pro bono projects, debate forum)
- Membership & Marketing (Community/Public relations, membership/benefits, networking, internet)

FEES: Please make checks payable to "Santa Clarita Bar Association" and mail along with application to SCV Bar Assn, 28212 Kelly Johnson Parkway, Suite 110, Valencia, CA 91355. Pay by credit card by calling (661) 287-3260.

Attorney & Legal Support Members (\$70 annually including renewals), Non-Legal Members (\$210 annually), Honorary Members (No Fees); New Admittee (No Fees for one year)

I certify the above is true, and if an attorney, that I am duly admitted and licensed to practice law, and that I am a member in good standing with the California State Bar. I either reside and/or practice law in the Santa Clarita Valley, and I hereby agree to conduct myself professionally as a member of the Santa Clarita Valley Bar Association.

Dated: _____ Signature: _____