

N.S.B.C.B.A. MEMBERSHIP

Application / Renewal / Information Change

Website: www.NSBBAR.org



Date:

First Name:

Middle Name:

Last Name:

Check here if membership information is the same as last year. If checked, the rest of the form may be left blank.

Law Firm / Agency:

Office Address:

City:

State:

Zip Code:

Office Telephone:

Fax Number:

Other Contact Number

Preferred Mailing Address:

City:

State:

Zip Code:

Office E-mail:

Website:

State Bar Number:

Year Admitted:

Law School:

Graduation Year:

Areas of Practice:

Check this box if you do **NOT** want your name, address and e-mail disclosed to purchasers of Bar Association mailing labels.

New Application Renewal Application Information Change

MEMBERSHIP FOR JANUARY 1, 2024 THROUGH DECEMBER 31, 2024:

New Admittee - FREE first year of practice One year Membership - \$80 * Two year Membership- \$150 *

Law School Student - FREE first year of practice

* Includes listing in the online membership directory at www.NSBBAR.org, a link to your website and your photograph (if provided in .jpg format).

Send the completed form and your membership check made payable to N.S.B.C.B.A. to
N.S.B.C.B.A.
P.O. Box 6082
Santa Maria, CA 93456

Questions? Contact us at NSBCBA@GMail.com

ASSOCIATION USE ONLY

Treasurer: _____ Webmaster: _____ Roster: _____ Updated E-mail List: _____