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

## **Application / Renewal / Information Change**

Website:	www.NSBBAR.org
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Date:

Middle Name:

Last Name:

 $\Box$  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 Numbe	er:			
Other Contact Number						
Preferred Mailing Addres	s:	City:	State:			
Zip Code:	Office E-mail:	We	bsite:			
State Bar Number:	Year Admitted	: Law School	l:			
Graduation Year:	Areas of Practice:					
Check this box if you	do <u>NOT</u> want your name, add	lress and e-mail disclosed to p	urchasers of Bar Association mailing labels.			
O New Application	O Renewal Application	O Information Change				
MEMBERSHIP FOR JANUARY 1, 2025 THROUGH DECEMBER 31, 2025:						
O New Admittee - FRE	E first year of practice	One year Membership - \$10	0 * $^{\circ}$ Two year Membership- \$180 *			
◯ Law School Student - FREE						
		ne membership directory at <u>wy</u> d your photograph (if provided				
Sen		r membership check made pay N.S.B.C.B.A. P.O. Box 6082	vable to N.S.B.C.B.A. to			
Questions? Contact us	at <u>NSBCBA@GMail.com</u>	anta Maria, CA 93456				
	ASS	SOCIATION USE ONLY				



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