



# LA JOLLA BAR ASSOCIATION MEMBERSHIP APPLICATION

I hereby apply to be a member of the La Jolla Bar Association. I certify that I am a member in good standing of the State Bar(s) of:

State:  Bar Membership No.:   
 State:  Bar Membership No.:   
 Name:   
 Firm:   
 Office Address:   
 Address 2:   
 Office Phone:  City:  State:  Zip:   
 FAX:  Mobile Phone:   
 e-mail address:   
 Website:   
 Home Address:   
 Address 2:   
 Home Phone:  City:  State:  Zip:   
 Law School:  Undergraduate & Other Graduate Degrees:   
 Courts Where Licensed:  Board Certifications, Honors Or Special Certifications:   
 Professional Affiliations:  Languages:

Fields of Practice (check those that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Antitrust & Unfair Competition | <input type="checkbox"/> Insurance                   |
| <input type="checkbox"/> Appellate                      | <input type="checkbox"/> Intellectual Property       |
| <input type="checkbox"/> Arbitration                    | <input type="checkbox"/> International               |
| <input type="checkbox"/> Bankruptcy                     | <input type="checkbox"/> Juvenile Law                |
| <input type="checkbox"/> Business                       | <input type="checkbox"/> Labor & Employment          |
| <input type="checkbox"/> Business Litigation            | <input type="checkbox"/> Litigation                  |
| <input type="checkbox"/> Civil Litigation               | <input type="checkbox"/> Mediation Services          |
| <input type="checkbox"/> Construction                   | <input type="checkbox"/> Municipal Law               |
| <input type="checkbox"/> Consumer                       | <input type="checkbox"/> Personal Injury             |
| <input type="checkbox"/> Corporate                      | <input type="checkbox"/> Public                      |
| <input type="checkbox"/> Criminal                       | <input type="checkbox"/> Real Property               |
| <input type="checkbox"/> Discrimination & Civil Rights  | <input type="checkbox"/> Social Security             |
| <input type="checkbox"/> Elder Law                      | <input type="checkbox"/> School Law                  |
| <input type="checkbox"/> Other: <input type="text"/>    | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Other: <input type="text"/>    | <input type="checkbox"/> Other: <input type="text"/> |

Signature:	Date:
Print Name:	

Dues are \$50.00 Please make check payable to the La Jolla Bar Association and send with application to:

**P.O. Box 1831, La Jolla, California 92038**

Name:

Additional Information *(Up to 400 words. You may provide additional information and/or marketing verbage which will appear on your member page):*

**Dues are \$50.00 Please make check payable to the La Jolla Bar Association and send with application to:**

**P.O. Box 1831, La Jolla, California 92038**