

**SAN GABRIEL VALLEY BAR ASSOCIATION**  
**MEMBERSHIP APPLICATION / INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

Attorney/Applicant's Full Name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Please list area(s) of emphasis in your practice and any languages you speak:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether you would like to have your application information published in the upcoming and future San Gabriel Valley Bar Association Roster of Members: \_\_\_\_ Yes \_\_\_\_ No

Annual membership dues are \$225.00 per attorney. Please make a check payable to the **San Gabriel Valley Bar Association** and return it with this application to:

**San Gabriel Valley Bar Association**  
**Attn: Treasurer**  
**P.O. Box 7085**  
**Alhambra, CA 91802-9998**