

SAN GABRIEL VALLEY BAR ASSOCIATION
MEMBERSHIP APPLICATION / INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Attorney/Applicant's Full Name: _____

State Bar No: _____

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 \$50 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