



MEMBERSHIP APPLICATION

___ New Member ___ Renewing Member

DATE: _____

NAME: _____

FIRM OR OFFICE: _____ TITLE (e.g., partner, associate, general counsel): _____

ADDRESS: _____

PHONE: (____) _____ FAX: (____) _____ E-MAIL: _____

AREAS OF PRACTICE/YEARS IN PRACTICE: _____

LAW SCHOOL/GRADUATION YR.: _____

STATE OF BAR ADMISSION/YEAR ADMITTED/BAR NO.: _____

Are you a current member of the Orange County Bar Association ("OCBA")? YES/NO

Date of OCBA membership or renewal: _____
Don't forget to mark "Orange County Asian American Bar Association" as your affiliate organization on your OCBA form!

Do you want the above information published in an OCAABA membership directory or other informational literature?
YES/NO

Annual OCAABA Membership Dues:

*All memberships expire December 31st.
There is a 50% proration from July 1st to October 31st.
Beginning November 1st each year, all memberships pay through December 31st of the following year.*

___ **Active Membership***

- ___ First Year Attorney 30.00
- ___ 2nd Year Attorney and Over 75.00
- ___ Public Interest or Government 30.00

___ **Honorary Membership****

___ Judicial Member Complimentary

___ **Pre-Professional Membership****

- ___ Current Law School Student (non-OCBA member) 10.00
- ___ Current Law School Student (current OCBA member) Complimentary (upon verification by OCBA)

Participation in the following committee(s):
<input type="checkbox"/> ANNUAL GALA DINNER
<input type="checkbox"/> COMMUNITY SERVICE
<input type="checkbox"/> MEMBERSHIP
<input type="checkbox"/> IN-HOUSE COUNSEL SECTION (limited to in-house counsel members)
<input type="checkbox"/> JUDICIAL EVALUATION (subject to further evaluation by the committee chairs)
<input type="checkbox"/> PR/AFFILIATES
<input type="checkbox"/> PIPELINE
<input type="checkbox"/> I am willing to serve as a mentor
<input type="checkbox"/> PROFESSIONAL DEVELOPMENT
<input type="checkbox"/> SMALL FIRM/SOLO PRACTICE
<input type="checkbox"/> SOCIAL

*Active Members must be admitted to practice in California. Active Members have the right to vote and are eligible to be an Officer or Director of OCAABA. If you are not admitted to practice in California but are admitted in another U.S. State or Territory, or in D.C., please contact OCAABA about membership.
**Honorary and Pre-Professional Members do not have the right to vote and are not eligible to be an Officer or Director of OCAABA, but shall have other rights of membership. If you are (a) a retired active member, or (b) a law school graduate but not yet admitted to practice California, please contact OCAABA about membership.
If you have any questions about the classes of membership, please contact OCAABA.

___ Enclosed is my check # _____ in the amount of \$ _____

OR
___ Charge my credit card (MC/Visa/AMEX) Card # _____ in the amount of \$ _____

Name as it appears on card: _____

Billing Address (Address, City, ST & Zip): _____

Exp. Date: _____ Sec. Code (3 digits MC/Visa, 4 digits AMEX): _____ E-Mail: _____