

HISPANIC BAR ASSOCIATION OF ORANGE COUNTY

A NON-PROFIT CORPORATION

P.O. Box 6130

Newport Beach, CA 92658

Tel: (949) 440-6700 ext. 253 * Web site: www.ochba.org * E-mail: info@ochba.org

MEMBERSHIP DUES & APPLICATION

FOR CONVENIENCE, APPLICANTS MAY APPLY OR UPDATE BY AFFIXING A BUSINESS CARD BELOW:

BUSINESS CARD

(AFFIX HERE)

Please Provide California Bar Number

NAME: _____ CA BAR NUMBER: _____
FIRM OR OFFICE: _____ TITLE: _____
OFFICE ADDRESS: _____
PHONE: _____ FAX: _____
E-MAIL: _____
AREAS OF PRACTICE: _____
LAW SCHOOL/ GRAD. YR.: _____
YEAR ADMITTED TO ANY BAR: _____ REFERRED BY: _____

UNLESS YOU OTHERWISE INDICATE, THE INFORMATION YOU PROVIDE WILL BE PUBLISHED IN THE HBA MEMBERSHIP DIRECTORY, WEB SITE, OR OTHER INFORMATIONAL LITERATURE.

Are you a member of the Orange County Bar Association? Yes / No

Are you bilingual (Spanish/English)? Yes / No

If you answered "yes" to being bilingual, can the HBA include your name and contact information on our *Spanish Speaking Attorneys list* available to the general public? Yes / No

Is this a new or renewal HBA membership? (circle one) New / Renewal

HBA DUES SCHEDULE:

General Membership \$75.00
First Year Lawyer \$15.00
Student FREE

Return this form and your dues by check payable

to "Hispanic Bar Association" to:

Hispanic Bar Association
P.O. Box 6130
Newport Beach, CA 92658
Attn: Membership

Wally Davis Scholarship Fund: Do you wish to donate to the **HBA Wally Davis Scholarship Fund**? If so, please include a separate check payable to OCCF/HBA, and remit payment to the above address.

Participation in the following committee(s)

___ ANNUAL MCLE TRIP

___ COMMUNICATION

___ MEMBERSHIP

___ NOMINATING COMMITTEE

___ I AM INTERESTED IN BEING NOMINATED

FOR AN HBA BOARD OF DIRECTORS POSITION

___ PROGRAM (includes Mentorship Program)

___ FINANCE

___ SCHOLARSHIP

___ INSTALLATION DINNER & FUNDRAISER

___ SOCIAL ISSUES