

**20____ – 20____ California Association of Black Lawyers
New Membership and Membership Renewal Form**

Date: _____ Member Sponsor _____

Name: _____ New Member? (Please check one) Yes___ No___

New Mailing Address? (Please check one) Yes___ No___

Local Affiliate Chapter _____

Firm/Employing Entity _____

Business Mailing Address (include zip code, and room or floor number, if any)

_____ Phone No. _____

_____ Fax No. _____

_____ E-Mail _____

Undergraduate School _____

Law School(s) Attended _____

Date of Admission to Bar (include State) _____

Legal Emphasis/Specialty _____

Membership Dues (please circle one of the categories listed below)

- | | |
|--|-----------|
| A. Regular Member (Member of California State Bar for less than 3 years) | \$ 40.00 |
| B. Regular Member (Member of California State Bar for 3 years or more) | \$ 50.00 |
| C. Associate Member (Member of out-of-state Bar) | \$ 30.00 |
| D. Judge | \$ 50.00 |
| E. Commissioner | \$ 50.00 |
| F. Honorary Member | None |
| G. Student Member (Name of School: _____) | Waived |
| H. Life Member | \$1000.00 |

I am interested in working on the following CABL committees in order of preference
(please do not list more than 3):

- | | |
|---------------------------------------|-------------------------------------|
| _____ State Bar Conference | _____ Fundraising |
| _____ CABL Journal | _____ Internet |
| _____ Membership | _____ Annual Conference |
| _____ Communications/Public Relations | _____ Legislative |
| _____ CABL Foundation | _____ Judicial Appointments |
| _____ Budget | _____ Amicus (Friends of the Court) |
| _____ Student Outreach | |

Amount enclosed: _____ Mail to: California Association of Black Lawyers
1009 East Capitol Expressway, #519
San Jose, CA 95121-2415
Attention: CABL Treasurer