

YOLO COUNTY BAR ASSOCIATION
2018 RENEWAL/MEMBERSHIP APPLICATION

NOTE: Please fill out completely, even though your information is the same as in previous years. Thanks!

Date: _____ Name _____ SBN: _____

Firm or Agency: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax _____ Email: _____

Would you prefer your e-mail address be used only for Bar Association business, or would you like your e-mail listed on our website? Bar Assn business only List on website

If you have a website you would like your Bar Association web listing to link to, please enter it here:

MEMBERSHIP TYPE: Please make check payable to Yolo County Bar Association.

Private Attorney (\$50) Government Attorney (\$25)

Non-Profit Attorney (\$25) Non-Attorney (\$25)

Language proficiencies (other than English): _____

COMMITTEES: I am willing to serve on the following committee(s):

Law Day Continuing Legal Education/MCLE Programming

AREAS OF PRACTICE. Which of the following do you wanted listed for you in the YCBA directory?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Employment | <input type="checkbox"/> Intellectual Prop. | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Business | <input type="checkbox"/> Estate planning & Admin. | <input type="checkbox"/> Labor | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Family Law | <input type="checkbox"/> Landlord/tenant | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Gov't Law | <input type="checkbox"/> Mediation/arbitration | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Immigration | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Wills, Trusts |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Law | <input type="checkbox"/> Workers Comp. |

Other: _____

SPECIALIZATION. Please indicate if you are a Certified Specialist in any of the following areas:

- | | | |
|---|---|--|
| <input type="checkbox"/> Admiralty & Maritime Law | <input type="checkbox"/> Estate Planning, Trust & Probate Law | <input type="checkbox"/> Immigration & Nationality Law |
| <input type="checkbox"/> Appellate Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Legal Malpractice Law |
| <input type="checkbox"/> Bankruptcy Law | <input type="checkbox"/> Franchise & Distribution Law | <input type="checkbox"/> Taxation Law |
| <input type="checkbox"/> Criminal Law | | <input type="checkbox"/> Workers Compensation Law |

LAW LIBRARY: I would like to make a donation to the Law Library (any amount appreciated).

\$ _____ (Please make separate check to Yolo County Law Library).