



MEMBERSHIP APPLICATION

FULL NAME: _____

FIRM NAME: _____

OFFICE ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL ADDRESS: _____ BAR NUMBER: _____

MARITIME AREAS OF PRACTICE (please specify): _____

OTHER AREAS OF PRACTICE (please specify): _____

MEMBER OF THE LONG BEACH BAR ASSOCIATION ¹: () YES () NO

***Confidential Information
(Optional)***

DATE ADMITTED TO CALIFORNIA BAR: _____ DATE OF BIRTH: _____

LAW SCHOOL: _____ STATE: _____

ADMITTED IN OTHER STATES (If yes, please list): _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: (____) _____ SPOUSE/PARTNER: _____

NUMBER OF ATTORNEYS IN YOUR OFFICE: _____

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ANNUAL DUES (January to December): \$45.00

Mail application and make check payable to:
Long Beach Bar Association
3515 Linden Avenue
Long Beach CA 90807

Credit Card Payment: () VISA () MASTERCARD

Account No: _____ Expiration Date: _____

Authorizing Signature: _____

Billing Address: _____

¹ Membership in the Long Beach Bar Association is required.