



2018 Membership Renewal Form

Please complete this membership form to join the Charles Houston Bar Association or to renew your membership. Pursuant to the CHBA Bylaws, all dues are payable January 1st of each year.

Name _____
 Firm Name _____
 Address _____
 City, State, Zip _____

Email: _____
 Legal Emphasis/Specialty _____
 Practice Area _____

Phone: _____
 Fax: _____

___ Indicate here if you do not want to be included in the online membership directory.

Please Choose One of the Categories Below:

- | | | |
|--------------------------|--|----------------------|
| <input type="checkbox"/> | 1. Regular Member (member of California Bar) | \$75.00 |
| <input type="checkbox"/> | 2. Regular Member (member of California Bar for less than a year) | Complimentary 1 year |
| <input type="checkbox"/> | 3. Member of the Judiciary | \$75.00 |
| <input type="checkbox"/> | 4. Associate Member (member of out-of-state bar) | \$65.00 |
| <input type="checkbox"/> | 5. Contributing Member (law school graduate but not a member of any bar) | \$55.00 |
| <input type="checkbox"/> | 6. Student (enrolled in law school, dues cover school year) | Complimentary 1 year |
| <input type="checkbox"/> | 7. Sustaining Member (law firm, professional legal corporation) | \$500.00 |
| <input type="checkbox"/> | 8. Life Member** (individual member, one time fee) | \$1,000.00 |

I would like to make a contribution to the CHBA Student Achievement Scholarship fund. Enclosed is my check in the amount of \$_____, made payable to CHBA.

Enclosed is an additional \$5.00 for you to send me a commemorative CHBA Lapel Pin.

Enclosed is an additional \$25.00 for on-line biography and \$15.00 for upload of photo.

Total amount enclosed (check payable to CHBA): \$_____

Office Use _____

If you have any questions, please contact the Membership Chair at membership@charleshoustonbar.org.

I am interested in working with the following committees (choose no more than 3):

- | | | |
|--|---|--|
| <input type="checkbox"/> Communications/Newsletter | <input type="checkbox"/> Finance | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Community Action | <input type="checkbox"/> Judiciary | <input type="checkbox"/> Membership |
| <input type="checkbox"/> MCLE | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Social |
| <input type="checkbox"/> Dinner/Dance | <input type="checkbox"/> Young Lawyers | <input type="checkbox"/> Pipeline |

All members should return this form to ensure your status as an active member, including Life Members.

If you have corrections/updates to your address/phone/email, please indicate on this form.

Return all forms and payment to CHBA Membership Chair, P.O. Box 1474 Oakland, CA 94604