



# **Pima County Bar Association**

## **Membership Application**

### **Regular Attorney Member**

I, the undersigned, a member in good standing of the State Bar of Arizona, residing in the County of Pima, State of Arizona, hereby make application for membership in the Pima County Bar Association.

If this application is approved and I am elected to membership, I agree to conform to the Arizona Rules of Professional Conduct as adopted by the Arizona Supreme Court. Further, I agree to notify the PCBA when and if my status with the State Bar of Arizona should change.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Firm/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Graduate of: \_\_\_\_\_

Date admitted/AZ Bar: \_\_\_\_\_

Other State bar admissions: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Please list your 4 primary practice areas.

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Except for the gray areas, the above information may be published in the Legal Directory.

Please be sure to send any changes to the Pima County Bar Association,  
Membership Records, at the address below.

Thank you!

**Please complete reverse side before mailing.**



Proud to serve the legal profession.

# Pima County Bar Association

## Membership Dues Statement

January 1 - December 31, 2008

NAME: \_\_\_\_\_

Check one box:

### Regular Attorney/Voting Member

- Over five years since admission to the State Bar of Arizona .....\$ 60.00
- Five years or less since admission to the State Bar of Arizona  
and/or under 36 years of age.....\$ 50.00
- New lawyer admitted to practice in AZ within the last year ..... \$ -0-
- Over 75 years of age AND still in the practice of law..... \$ -0-

**Associate Attorney/Non-voting Member** .....\$ 60.00

- Member in good standing/State Bar of \_\_\_\_\_

### Associate/Non-voting Member

- Legal Assistant meeting membership criteria.....\$ 60.00

**TOTAL DUES ENCLOSED**.....\$ \_\_\_\_\_

### Optional donation to -

Volunteer Lawyers Program .....\$ \_\_\_\_\_

*A program of Southern Arizona Legal Aid, Inc., sponsored by PCBA*

If you **DO NOT** want your name listed as a donor  
in *The Writ*, please check this box

**TOTAL ENCLOSE** .....\$ \_\_\_\_\_

For MasterCard/Visa charges, please indicate:

NAME	SIGNATURE
CARD NUMBER	EXPIRATION DATE

**Thank you for your support!**