



Please mail your application to and make checks payable to: SDLRLA, P.O. Box 125010, San Diego, CA 92112.

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SAN DIEGO LA RAZA LAWYERS ASSOCIATION MEMBERSHIP APPLICATION AND INVOICE 2016

| | | |
|--|-------|----------|
| BASIC ATTORNEY MEMBERSHIP | \$90 | \$ _____ |
| (ATTORNEYS [5+YEARS], JUDGES) | | |
| SECOND TO FOURTH YEAR ATTORNEY MEMBERSHIP..... | \$45 | \$ _____ |
| FIRST YEAR ATTORNEY MEMBERSHIP..... | \$25 | \$ _____ |
| LAW STUDENT MEMBERSHIP..... | FREE | |
| BUSINESS AFFILIATE MEMBERSHIP..... | \$100 | \$ _____ |
| (NON- ATTORNEYS AND/OR BUSINESS MEMBERS) | | |
| NON LAWYER LEGAL PROFESSIONAL MEMBERSHIP..... | \$25 | \$ _____ |
| (PARALEGALS, OFFICE MANAGERS) | | |

TOTAL PAYMENT: \$ _____

MEMBER INFORMATION

| | |
|---|--|
| Name: | |
| Title: | |
| Employer's Name/ Firm/ Law School: | |
| Address: | |
| Telephone: | |
| Fax number: | |
| Email Address: | |
| Areas of Practice (or Student Interests) | |
| Mentorship Opportunities | <input type="checkbox"/> Yes, I would like to be a mentor for a law student. <input type="checkbox"/> Yes, I need a mentor because I am a new lawyer ___/law student___ |

Please do not include me in publications and/or directories [___].