



Date: \_\_\_\_\_

### Membership Application

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

Email: \_\_\_\_\_

Firm/ Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Website: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Areas of Practice: \_\_\_\_\_

Mentorship Opportunities: Yes, I would like TO BE A MENTOR to or for  New Lawyer /  Law Student

Mentorship Opportunities: Yes, I would like a mentor- I am a  New Lawyer /  Law Student

Volunteer Opportunities: Yes, I would like to serve on a SDLRLA committee \_\_\_\_\_

Social Media (please circle):    @sdlrla 

Please **DO NOT** include me in publications & or directories: Check  & (initials): \_\_\_\_\_

**Membership:** The membership year begins January 1 and ends December 31. Dues are payable in advance of January 1 of each year. Members renewing/joining in December will receive membership through the end of the following year. You may join at any time during the year; membership is voluntary.

#### Supporting Level Membership:

Leader's Circle | \$1,000

#### Individual Memberships:

Judicial Membership | \$50

5+ Years Since CA State Bar Admission | \$100

1 to 5 Years Since CA State Bar Admission | \$50

New Member | \$50

Law Student Member | \$20 (Scholarships available upon request)

Non-Attorney (legal) | \$50

Non-Attorney Affiliate | \$100

I would like to sponsor a Law Student Member | \$50

Please add my donation of \$ \_\_\_\_\_ to the Political Action Committee.

#### Payment Information:

Please make check payable to SDLRLA and mail to P.O. BOX 125010 San Diego, CA 92112.

**Total enclosed:** \_\_\_\_\_

If paying by credit card, please see additional authorization page.

[www.sdlrla.com](http://www.sdlrla.com)

San Diego Latino/Latina Bar Association

03/12/2018



Credit Card / ACH Payment Authorization

Check One (1) and Enter Your Details

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- Recurring Charge - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize San Diego La Raza Lawyers Association to charge my  
(Full Name)

Credit Card or Bank Account below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each \_\_\_\_\_.  
(Amount \$) (day) (week, month, etc.)

This payment is for \_\_\_\_\_.  
(Membership / Sponsorship)

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- One (1) Time Charge – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize San Diego La Raza Lawyers Association to charge my  
(Full Name)

Credit Card or Bank Account below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each \_\_\_\_\_.  
(Amount \$) (day) (week, month, etc.)

This payment is for \_\_\_\_\_.  
(Membership / Sponsorship)



**Billing Information**

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Bank (ACH)**

**Credit Card**

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

A diagram showing a routing number and an account number. The routing number is "222222222" and the account number is "000 555 02?". The routing number is circled in purple, and the account number is circled in orange. The diagram is labeled "Routing Number" and "Account Number" in purple and orange respectively.

Visa                       MasterCard

Amex                       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CVV \_\_\_\_\_

PayPal

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

BANK ACCOUNT / CARHOLDER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_