



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

“Advancing diverse individuals on both the bench and the bar”

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: You may join at any time during the year; membership is voluntary.

I authorize San Diego La Raza Lawyers Association to automatically update my individual membership dues to the appropriate level when warranted (initials): \_\_\_\_\_

Supporting Level Membership:

- Leaders Circle | \$1,000
 Padrino / Madrina | \$500

Individual Memberships:

- Judicial Membership | \$100
 10+ Years Since Bar Admission | \$150
 4 + Years Since Bar Admission | \$100
 1 to 3 Years Since Bar Admission | \$50
 New Member | \$50 | Occupation: \_\_\_\_\_ Years since state bar admission: \_\_\_\_
 Law Student Member | \$20 (Scholarships available upon request)
 Non-Attorney Affiliate | \$100
 Non-Attorney Legal Affiliate | \$50
 I would like to sponsor a Law Student Member | \$20

Please add my donation of \$ \_\_\_\_\_ to the Public Policy Committee.



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**Payment Information:**

**Check**

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

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

**Credit Card**

Check One (1) and Enter Your Details

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 - Recurring Charge - You authorize regularly scheduled charges to your credit /debit card. 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) (month)

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) (month)

This payment is for \_\_\_\_\_.  
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**Billing Information**

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

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

**Credit Card**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	____ / ____
CVV	_____
<input type="checkbox"/> 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. 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.

CARDHOLDER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_