

HISPANIC BAR ASSOCIATION OF N.E. FLORIDA
4446 Hendricks Avenue, Jacksonville, FL 32207
www.hbajax.org

2011 - 2012 MEMBERSHIP APPLICATION AND DUES STATEMENT

Please complete this form and return it with your dues by September 20, 2010. If you have any questions, please contact our treasurer Vanessa Zamora Newton at vanessan@markrosenblumlaw.com. Please visit our website for more information about the association.

DATE: _____
NAME: _____
FIRM: _____
PRIMARY ARE OF PRACTICE: _____
MAILING ADDRESS: _____
BUSINESS PHONE: _____
EMAIL ADDRESS: _____

MEMBERSHIP QUALIFICATIONS: Please check level of membership you are applying for:

- Regular Member - \$80 or \$65 (if paid by Sept. 15th.) - Members of The Florida Bar in good standing who reside or who devote a substantial part of their time to the practice of law in Florida.
- Associate Member - \$40 - Members of The Florida Bar not actively practicing law in Florida; persons retired from the practice of law; or persons not members of The Florida Bar, but are admitted to practice in some other state or country. Please list state or country.
- Government/Legal Aid Lawyers - \$40.00
- Affiliate Member - \$20 - Non-lawyer individuals who are legal assistants, law students, law librarian or court interpreters. Please list occupation:
- Honorary Member - Complimentary - Full-time Judges of any court of record in Florida and any appellate judges residing in Florida. Please state jurisdiction: _____

* Applicants for membership must be approved by a majority of the Board. Regular members must pay dues and special assessments as are established from time to time by the Board.

Would you like to be listed in the Referrals section of at our site Yes No

AREAS OF INTEREST / WILLING TO SERVE:

- | | | | | | |
|--|--------|--------|---|--------|--------|
| <input type="checkbox"/> Pro Bono/Law Week | Y_____ | N_____ | <input type="checkbox"/> Judicial Relations | Y_____ | N_____ |
| <input type="checkbox"/> Social/Programs | Y_____ | N_____ | <input type="checkbox"/> Scholarships | Y_____ | N_____ |
| <input type="checkbox"/> Membership | Y_____ | N_____ | <input type="checkbox"/> Mentor Program | Y_____ | N_____ |