

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

2009 – 2010 MEMBERSHIP APPLICATION AND DUES STATEMENT

Please complete this form and return it with your dues **as soon as possible** to insure that you receive timely notice of all Hispanic Bar Association meetings and events. If you have any questions, please contact any of the board members who will be happy to assist you. Please visit our website www.hbajax.org for contact information and more information about the association.

Date: _____

NAME: _____

FIRM : _____

MAILING ADDRESS: _____

BUSINESS PHONE : _____

EMAIL ADDRESS : _____

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

() **Regular Member** – **\$80** - 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; or who are full-time members of the Judiciary in Florida.

() **Associate Member** – **\$30** - 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:

() **Affiliate Member** – **\$30** - 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.

AREA(S) OF PRACTICE: _____

Would you like to be listed in the Referrals section of at our site www.hbajax.org? () Yes () No

AREAS OF INTEREST / WILLING TO SERVE:

() Pro Bono / Law Week Y ___ N ___ () Judicial Relations Y ___ N ___

() Social / Programs Y ___ N ___ () Scholarships Y ___ N ___

() Membership Y ___ N ___ () Mentor Program Y ___ N ___

Please mail this form with your check made payable to the **“Hispanic Bar Association,” 4446 Hendricks Avenue, #114, Jacksonville, FL 32207.**

NOTE: Contributions and membership fees to the Hispanic Bar Association of Northeast Florida, Inc. are not deductible as charitable contributions for federal income tax purposes. However, such contributions and fees may be deductible by members under other provisions of the IRS Code, such as ordinary and necessary business expenses.

Hispanic Bar Association of N.E. Florida

2009-2010 Mentor Application

Contact Information

Name: _____

Law Firm _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail _____

I prefer Mentee contact me via (check all that apply): Phone _____ E-Mail _____

Professional Information

I am license to practice law in the following states: _____

Legal Practice Areas: _____

Optional:

Law School Attended: _____

Year of Admission to Bar: _____

Professional Associations: _____

Honors: _____

Hobbies and Interests: _____

Comments or Suggestions: _____

**Thank you for completing this application form and for your participation in
JAX HBA's Mentorship Program. Please return application to:**

Vanessa De Rosa at vderosa@ejlawjax.com or mail: 4811 Atlantic Blvd, Jacksonville, FL 32207