

KOREAN AMERICAN BAR ASSOCIATION OF SOUTHERN CALIFORNIA



2012 Membership Application

Date of Application: _____

PERSONAL INFORMATION

<input type="radio"/> MR. <input type="radio"/> MS.	First Name	Middle Name / Initial	Last Name
Firm / Office Name		CA State Bar No.	Year(s) Admitted to Bar & State(s) of Admission:
Preferred Mailing Address		E-Mail Address (Important)	
		Phone No.	
Are you interested in volunteering at KABA's monthly pro-bono clinic? <input type="radio"/> YES <input type="radio"/> NO		Are you a member of the Los Angeles County Bar Association? <input type="radio"/> YES <input type="radio"/> NO <small>(Your KABA membership entitles you to discounted LACBA dues for as long as KABA qualifies as an affiliate. As an affiliate of LACBA, we are required to send our membership roster to LACBA each year.)</small>	

EDUCATION & SKILL AREAS

Law School / Degree / Yr	Undergraduate or Other Degree(s)/ Yr(s)	Special Language Skills
Please List Your Area(s) of Specialty: _____ _____ _____ _____		I'm interested in joining the following KABA Committees: <input type="checkbox"/> Pro Bono <input type="checkbox"/> Solo and Small Firm <input type="checkbox"/> Mentorship <input type="checkbox"/> New Partnerships <input type="checkbox"/> Law Students <input type="checkbox"/> Media <input type="checkbox"/> Membership <input type="checkbox"/> Community Outreach/Issues <input type="checkbox"/> MCLE/Professional Development <input type="checkbox"/> Other _____

Renewals KABA Members must renew their membership each year in order to remain in good standing and receive membership benefits.	Dues Law Students—Free Members of the California Bar—\$50 Sustaining Members—\$100 Affiliate Members (i.e., not admitted in CA)—\$50	Mail application with a check payable to "KABA" to: Legal Aid Foundation of Los Angeles c/o Korean American Bar Association 1102 Crenshaw Blvd. Los Angeles, CA 90019
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Unless you indicate otherwise, the information provided above will be included in the next issue of the KABA Directory (online and hard copy) distributed to all KABA members and selected outside groups.

Korean American Bar Association Membership Application Receipt

Date: _____	Payment Received: Free (Law students) <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/>
Name: _____ <small>(Print Member Name)</small>	Type of Payment: Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/>
Membership effective through: _____ / _____ <small>(Month) (Year)</small>	Received by: _____ <small>(Print Name)</small>
For inquires regarding your KABA membership status, please contact the KABA Consultant at kabaconsultant@gmail.com .	_____ <small>(Signature)</small>