

EL DORADO COUNTY BAR ASSOCIATION (EDCBA)

2002 MEMBERSHIP ENROLLMENT FORM

Membership Fee (\$50.00)

(Mail to EDCBA Memberships, 550 Main Street, Suite A, Placerville, CA 95667)

(Name)

Bar No. _____ State _____

(Firm Name)

State any certified specialties:

(Street Address)

(City, State & Zip Code)

(Phone Number)

(Fax Number)

(E-mail address)

Practice Areas (Please List):

Notes and Comments:

Are you interested in servicing on a committee? If so, which committee(s) interest you

REQUIRED

I hereby certify that the information provided in this form is correct and that I am a member in good standing of the State Bar Association of the state listed at the top of this form. I authorize the El Dorado County Bar Association to make public the information provided on this form and relieve the Association, its directors, officer and members of any liability resulting therefrom.

Signature: _____

Date: _____