

Riverside County Bar Association

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		APPLICATION		
∟ Cne	eck nere ii you do <i>noi</i> wani y	our name and office address	disclosed to any buyer of RCBA m	alling labels.
Print name			Title	
Firm/I	Business name			
Office	address (include suite	#)		
	City/State/Zip			
If diffe	erent, mailing address/l	P.O. Box (include zip):		
Work	phone	Fax	Email	
Areas	of practice			
Date admitted to CA State Bar			State Bar #	
Date of birth Law school		Date graduated		
Optional: Ethnic background		d	Gender:	☐ Male ☐ Female
Reside	ence address			
Home	phone	Cell #	Spouse's name	
	Please list all Bar Association memberships: ☐ New Admittees (admitted to practice less than one year)\$25.00 ☐ Attorneys who reside or maintain offices in the Desert area/Coachella Valley\$55.00 ☐ Attorneys who are joining the RCBA for the first time, or after 2 years or more of inactive status (check one) ☐ Public/Gov't Attorney \$75.00 ☐ Private Attorney \$75.00 ☐ Attorney members who have retired from active practice\$25.00 ☐ Law students or awaiting Bar exam results (please enclose a copy of student ID)\$10.00			
FOR R		NG MEMBERS – Select on	1.	, , , , , , , , , , , , , , , , , , , ,
Att	orneys who have been More than 1 year but More than 5 years Or if Dual Membersl Attorneys who reached a Regardless of who have been	admitted to practice: t less than 5 years hips with other local/affil side or maintain offices in the Public/Private attor e also members of Mt. Sa	Public/Gov't	.\$55.00 est Riverside Bar Associations
Date _				