

CAPITAL DISTRICT BLACK AND HISPANIC BAR ASSOCIATION
Application for Membership

Last Name _____ First Name _____ M.I. _____

Business Information

Firm or Business Name _____

Street _____

P.O. Box _____ City _____ State _____

Zip _____

Phone _____ Fax _____

Email _____

Home Address

Street _____

P.O. Box _____ City _____ State _____ Zip 4 _____

Phone _____

Email _____

I prefer to receive my Email/mail: (check one) _____ at home _____ at my business

Date Admitted to Practice Law in New York: _____

Areas of Practice: _____

Other states licensed in and date licensed: _____

Law School Attended: _____

Membership Categories: Please check the appropriate box for membership category below.

Check One	Membership Category	Dues
<input type="checkbox"/>	General Member	\$50
<input type="checkbox"/>	Law Student	\$10

PLEASE MAIL DUES PAYMENT TO THE FOLLOWING ADDRESS:

CAPITAL DISTRICT BLACK AND HISPANIC BAR ASSOCIATION
PO BOX 5252
ALBANY, NEW YORK 12205