

**Tulare County Bar Association**

703 W Center Avenue

Visalia, California 93291

(559) 732-2513 – (559) 732-2548

Fax (559) 732-3016

E-mail: [tularecobar@sbcglobal.net](mailto:tularecobar@sbcglobal.net)

**APPLICATION FOR MEMBERSHIP**

I \_\_\_\_\_ THE UNDERSIGNED HEREBY APPLY FOR MEMBERSHIP IN THE TULARE COUNTY BAR ASSOCIATION, A NON-PROFIT CORPORATION.

I UNDERSTAND A COPY OF THE BY-LAWS OF SAID BAR ASSOCIATION AND REGULATIONS PRESCRIBED BY THE BOARD OF DIRECTORS OF SAID BAR ASSOCIATION ARE ON FILE AT THE BAR ASSOCIATION OFFICE AND MAY BE REVIEWED DURING NORMAL BUSINESS HOURS. I AGREE TO PAY THE MEMBERSHIP DUES SET BY THE BOARD OF DIRECTORS SO LONG AS I SHALL REMAIN A MEMBER.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(LAW FIRM)

\_\_\_\_\_  
(OFFICE OR HOME ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(FAX NUMBER)

\_\_\_\_\_  
(E-MAIL ADDRESS)

\_\_\_\_\_  
(NAME OF LAW SCHOOL)

\_\_\_\_\_  
(STATE BAR NUMBER)

\_\_\_\_\_  
(DATE ADMITTED TO CALIF. BAR)

\_\_\_\_\_  
(DATE OF BIRTH)

Accepted this \_\_\_\_ day of

\_\_\_\_\_, 2011

\_\_\_\_\_  
SECRETARY

**Tulare County Bar Association**  
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**STATEMENT**

**TO: ALL TULARE COUNTY ATTORNEYS**

**NAME:** \_\_\_\_\_

**STATE BAR NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

Payable by: Check \_\_\_\_\_ Visa \_\_\_\_\_ or MasterCard \_\_\_\_\_ Card # \_\_\_\_\_  
 Expiration Date: Month \_\_\_\_\_ Yr \_\_\_\_\_

PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE

DATE	DESCRIPTION	CHARGES	MARK WHERE APPLICABLE	REMITTANCE AMOUNT
OCT	2010-2011 BAR ASSOCIATION DUES			
	If admitted to practice in <b>2008</b> or earlier .....	\$125.00	_____	
	If admitted to practice in <b>2009</b> or later .....	\$100.00	_____	
	<b>PUBLIC ATTORNEYS</b> .....	\$85.00	_____	
	<b>TOTAL</b> .....			\$ _____

**PLEASE REMIT BY OCTOBER 31, 2010**