

**State Bar of California**  
**2009 - 2010 SECTION ENROLLMENT FORM**

**HOW TO ENROLL:** Print this form, fill it out and mail it with payment to: Section Enrollments, The State Bar of California, 180 Howard Street, San Francisco, CA 94105-1639. Or, fax the form to 415-538-2368 (credit card payments only). Newsletters and other Section communications will be mailed to your address of record with the State Bar. For information on how to update your address of record, see Member Profile on the State Bar Home Page, [www.calbar.ca.gov](http://www.calbar.ca.gov). For more information about the Sections, see [www.calbar.ca.gov/sections](http://www.calbar.ca.gov/sections).

**I am (check one and fill in additional information as appropriate):**

An attorney licensed in California. **CALIFORNIA BAR NUMBER:** \_\_\_\_\_

Not an attorney licensed in California (applying for Associate Membership, with full membership benefits)

A California Law Student\* School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

\* Law Students can select up to three Sections free per year. Any additional memberships are at full price.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ENROLLMENT:** Please enroll me in the Section(s) indicated below:

\$75 Antitrust & Unfair Competition Law

\$75 Business Law

\$75 Criminal Law

\$75 Environmental Law

\$75 Family Law

\$75 Intellectual Property

\$75 International Law

\$75 Labor & Employment Law

\$75 Law Practice Management and Technology

\$75 Litigation

\$75 Public Law

\$75 Real Property Law

\$75 Solo and Small Firm

\$75 Taxation

\$75 Trusts & Estates

\$75 Workers' Compensation

**TOTAL FEE(S) =** \_\_\_\_\_

**PAYMENT:** Payment of your Section enrollment(s) may be made by check or credit card, checks payable to the State Bar of California.

**CREDIT CARD** (Visa/MasterCard only): I authorize the State Bar of California to charge my section(s) enrollment to my VISA or MasterCard account. (No other credit cards will be accepted.)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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