



Membership Application

MEMBERSHIP: NEW MEMBER
 ATTORNEY
 STUDENT (SCHOOL / EXPCT'D GRAD.): _____

LAW SCHOOL: _____
YEAR GRADUATED: _____
LANGUAGES SPOKEN: _____

CONTACT INFORMATION:

NAME: _____
MAILING ADDRESS: _____

PHONE: _____
FAX: _____
E-MAIL: _____

MY CONTACT INFORMATION MAY BE PUBLISHED IN THE SABA DIRECTORY.

EMPLOYER:

EMPLOYER: _____
TITLE (IF APPLICABLE): _____
PRACTICE AREA(S): _____

SABA INTERESTS: (CHECK ALL THAT APPLY)

PRO BONO SERVICE
 COMMUNITY OUTREACH
 PROFESSIONAL DEVELOPMENT / CLE
 MEMBERSHIP / NETWORKING
 LAW STUDENTS
 NEWSLETTER
 OTHER INTERESTS: _____

MEMBERSHIP DUES:

\$50 ATTORNEYS
 \$40 PUBLIC/NON-PROFIT ATTORNEYS
 \$10 LAW STUDENTS

ANNUAL MEMBERSHIP DUES HELP TO FUND ALL SABA PROGRAMS

*NOTE: PAYMENT OF DUES COVERS MEMBERSHIP THROUGH THE END OF NOVEMBER 2007.

MENTORSHIP PROGRAM:

I WOULD LIKE A MENTOR (students only)
 I AM WILLING TO BE A MENTOR

OTHER:

Make checks payable to the **South Asian Bar Association of Washington** and mail payment and membership form to:

South Asian Bar Association of Washington
Attn: K.M. Das
800 Fifth Avenue, # 101-212
Seattle, WA 98104-3102

Also enclosed is a separate check for a **tax-deductible donation** payable to the **South Asian Bar Association of Washington** in the amount of: \$25 \$50 \$100 other \$_____.