

SCOTTSDALE BAR ASSOCIATION

P.O. Box 4998, Scottsdale, AZ 85261-4998

Membership Application or Renewal

Please type or print legibly.

Name: _____

Law Firm or employer: _____

Business (mailing) address: _____

City _____ State _____ 9-digit zip _____

Business phone: () _____ Business fax: () _____

Business e-mail/website address: _____

Law school(s) attended, degree and year received: _____

Year first admitted to State Bar of Arizona: _____

State Bar of Arizona attorney number: _____

List other jurisdictions where currently admitted to practice: _____

(List other states, countries or special admissions, such as US Supreme Court, US Tax Court, USPTO. Do not include federal district or appellate courts.)

PLEASE CHECK MEMBERSHIP TYPE. ANNUAL DUES ARE \$40.00 (Jan. 1 - Dec 31)

[] **Regular Membership** (Qualifications: member in good standing of the State Bar of Arizona and (i) maintains an office for the active practice of law in the Scottsdale, Paradise Valley, Cave Creek, Carefree, Fountain Hills, Arizona or on the reservation of the Salt River Pima Maricopa or Fort McDowell Indian Communities; or (ii) is a member of the judiciary of any such municipality or Indian Community; or (iii) is an employee of any governmental agency whose office is located in any such municipality or Indian Community; or (iv) is an in-house counsel for an organization whose office is located in any such municipality or Indian Community; or (v) is a dean or faculty member of a law school located in Maricopa County.

[] **Associate Membership** (Qualifications: (i) licensed to practice law in any jurisdiction, not currently under suspension or disbarment; or (ii) any Justice of the Peace sitting within the City of Scottsdale, Arizona; or (iii) any Judge in good standing of the Tribal court of either the Salt River Pima Maricopa or Fort McDowell Indian Communities; or (iv) any person who is a student at a law school located in Maricopa County, Arizona; or (v) a retired member of the Judiciary of the State of Arizona).

Directory and Areas of Practice Survey

The Scottsdale Bar Association website lists Members in the Directory and is searchable by Areas of Practice. Information provided in this application and the attached Areas of Practice Survey Form will be included on the website. After membership is approved, members can log onto the website and make changes to their personal information and practice areas.

Silent Partner Program

The Silent Partner Program allows members of the Scottsdale Bar Association who agree to participate in the program to be designated as Silent Partners in the Area of Practice Survey. Silent Partners agree to be available to other members of the Scottsdale Bar Association for short, free telephone consultations in the areas of practice in which they concentrate. Please indicate on the Area of Practice Survey Form if you would be willing to participate in the Silent Partner Program.

Applicant's Statement

I hereby make application for membership in the Scottsdale Bar Association and I represent that the information furnished herein is true and may be relied upon by the Board of Directors to determine my eligibility and membership type. I agree promptly to provide written notice to the Board of Directors of any change in any information furnished in the application.

Dated this _____ day of _____ 201_.

By _____
Applicant