



DOMINICAN BAR ASSOCIATION, INC.
2011 MEMBERSHIP APPLICATION

Please make check(s) payable to Dominican Bar Association, Inc.
Mail to P.O Box 203 New York, New York 10013

Name: _____

Mailing Address: _____

Telephone Number _____ Other Tel Number _____

Employer: _____

Business/Home Address: _____

Bus.Tel. Number: _____ Fax No. _____

Practice Area _____

Email Address: _____ Other Email Address _____

Law School: _____

Graduation Date: _____

Admission Date (include jurisdiction): _____

Indicate all Committees of Interest:

Legal Clinics and Workshops

Newsletter

Fundraising

Judiciary Night

Annual Dinner Dance

Scholarship

Membership Fees¹

Regular Members: (attorneys admitted in the U.S. or foreign jurisdictions) \$75.00

Associate Members: (law school graduates): \$35.00

Students: Free

I hereby affirm that I am a student in good standing at an accredited law school or that I am an admitted attorney in good standing in the jurisdiction(s) indicated above.

Signature: _____ Date _____

¹ A dues year is equivalent to a calendar year Jan 1 - Dec. 31st.