

Coral Gables Bar Association

2007 MEMBERSHIP APPLICATION

Renewal New Member Student

Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

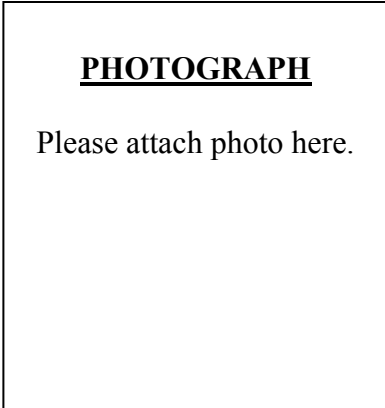
Telephone: _____

E-mail: _____

States and years admitted to practice law: _____

Students - Expected graduation date: _____

Law School and year where Juris Doctorate received or expected: _____



Please indicate your primary areas of practice in numerical order (maximum is three):

- | | | |
|---------------------------|-----------------------------------|----------------------------------|
| __ Admiralty | __ Environmental | __ Real Estate |
| __ Appellate | __ Family | __ Taxation |
| __ Bankruptcy | __ Immigration | __ Technology |
| __ Collections | __ Investment Counseling | __ Utilities |
| __ Commercial Litigation | __ Labor & Employment | __ Wills/Estate Planning/Probate |
| __ Corporate Transactions | __ Mediation/Arbitration/Other AD | __ Workers Compensation |
| __ Criminal | __ Intellectual Property | __ Other: |
| __ Entertainment | __ Product Liability | |

DUES

Dues cover the period of January 1st to December 31st of each year & must be renewed every year.

ATTORNEYS:

Annual Membership	\$80.00	
CGBA Scholarship Fund (optional)	10.00	<input type="checkbox"/>
CGBA Charity Fund (optional)	10.00	<input type="checkbox"/>
TOTAL DUES	\$100.00	

STUDENTS:

Annual Membership	\$40.00	
<u>CGBA Scholarship Fund (optional)</u>	<u>10.00</u>	
TOTAL DUES	\$50.00	

TOTAL AMOUNT ENCLOSED:

\$

Check the appropriate box: I certify I am a member in good standing of the Florida Bar.
 I certify I am a Law Student.

I agree to abide by the Articles of Incorporation and the Bylaws of the Coral Gables Bar Association and all applicable codes of professional responsibility.

Signature

Date

Please make check payable to:

Coral Gables Bar Association, Inc.

Please mail application and payment to:

Gail A. McQuilkin, Esq.
Kozyak Tropin & Throckmorton, P.A.
2525 Ponce de Leon Blvd., 9th Floor
Coral Gables, Florida 33134