

## **Riverside County Bar Association**

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	APPLICATION		
Check here if you do <i>not</i> w	ant your name and office address	disclosed to any buyer of RCBA m	ailing labels.
Print name		Title	
Firm/Business name			
Office address (include si	uite #)		
City/State/Zip			
If different, mailing addre	ess/P.O. Box (include zip):		
Work phone	Fax	Email	
Areas of practice			
Date admitted to CA State Bar		State Bar #	
Date of birth	Law school		Date graduated
Optional: Ethnic backgro	ound	Gender:	☐ Male ☐ Female
Residence address			
Home phone	Cell #	Spouse's name	
☐ New Admittees (a☐ Attorneys who res☐ Attorneys who are of inactive status ☐ Attorney members☐	admitted to practice less than side or maintain offices in the joining the RCBA for the factorial (check one) Public/who have retired from activities	ne Desert area/Coachella Vall first time, or after 2 years or r Gov't Attorney \$60.00	ey\$55.00 nore Private Attorney <b>\$60.00</b>
	RNING MEMBERS – Select or		,
Attorneys who have be More than 1 year More than 5 year Or if Dual Memb Attorneys who Regardless of Attorneys who	een admitted to practice: but less than 5 years s berships with other local/affice reside or maintain offices whether Public/Private attomate are also members of Mt. S	Public/Gov't	.\$55.00 est Riverside Bar Associations
Date			