



ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF SOUTH FLORIDA
Membership Application/Renewal 2016-2017

I would like to become a member of renew my membership with APABA of South Florida. The membership year is from August 1, 2016 to July 31, 2017.

- \$75.00 Member (admitted to the Florida Bar or another state bar)
- \$45 Member (Small Firm < 15 attorneys, Government Agency, Non-Profit)
- \$10.00 Associate Member (law students)

Please fill out the form completely.

Date: _____

NAME: _____ TITLE (Partner, Associate, etc.): _____

LAW FIRM/AGENCY/LAW SCHOOL: _____

ADDRESS: _____

TEL.: _____ MOBILE: _____ E-MAIL: _____

LAW SCHOOL: _____ YEAR OF GRADUATION: _____

ATTORNEYS - JURISDICTIONS & YEAR ADMITTED: _____

PRACTICE AREA(S): _____

LANGUAGE(S) OTHER THAN ENGLISH (*Indicate proficiency- literate (read/write), fluent spoken, conversational, limited*)

National Origin/Ethnicity (Optional): _____

Membership in other community organizations or bar associations? _____

APABA may provide its members' business contact information to third parties when, in its judgment, APABA determines that such disclosure is necessary or proper for its goals.

INTERESTS: (*Please check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Advocacy/Political | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Community Workshops | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Community Service/Philanthropy | <input type="checkbox"/> Student Mentorship |
| <input type="checkbox"/> Joint-Bar Association Events | <input type="checkbox"/> Other: _____ |

I WOULD LIKE TO JOIN THE FOLLOWING COMMITTEES:

- | | |
|---|---|
| <input type="checkbox"/> Advocacy/Political | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Community Service/Philanthropy | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Community Workshop | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Installation Dinner/Gala | <input type="checkbox"/> Student Mentorship Program |
| <input type="checkbox"/> Joint-Bar Association Events | |

I AM WILLING TO: sponsor an event.
 host an event at my firm/organization.
 volunteer at a future APABA event.

WHAT IS YOUR GOAL AS A MEMBER OF APABA South Florida? _____

Please make checks payable to the **Asian Pacific American Bar Association of South Florida, Inc.**, and send to:
Yongae Jun, Treasurer
The Concept Law Group, P.A.
Museum Plaza, 200 South Andrews Avenue, Suite 100, Fort Lauderdale, Florida 33301