



ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF SOUTH FLORIDA
Membership Application/Renewal 2019-2020

I would like to become a member of renew my membership with APABA of South Florida. The membership year is from August 1, 2019 to July 31, 2020.

- \$75.00 Member (Practicing over 6 years; admitted to the Florida Bar or another state bar)
- \$60.00 Member (Practicing for 6 or few years; admitted to the Florida Bar or another state bar)
- \$45 Member (Attorney practicing in government, non-profit, public interest)
- \$10.00 Associate Member (currently-enrolled law students)

Please fill out the form completely or join/renew online at www.apabasfla.org. 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:
Tim Ferguson
Foley & Mansfield, PLLP
4770 Biscayne Boulevard, Suite 1000, Miami, FL 33137