



2017
MEMBERSHIP FORM

Bar # _____

PLEASE CHECK IF YOUR INFORMATION HAS CHANGED ()

FULL NAME: _____

NAME CHANGE: _____
(if applicable)

ORGANIZATION: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE(S): _____

FASCIMILE: _____

E-MAIL: _____

SEX: M - F DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Date of first Bar Admission: _____ Date Admitted to CNMI Bar Association: _____

Date of temporary admission to CNMI Bar Association _____
(Government Attorneys, if applicable)

Annual Membership Dues (January 1, 2017 to December 31, 2017)

<input type="checkbox"/> <u>ACTIVE</u>	Years since first bar admission (thru 1/01/17)	Regular Dues	Public Services Lawyer Dues
	0 – 5	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$ 125.00
	6 or more	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$175.00
<input type="checkbox"/> <u>INACTIVE</u>		<input type="checkbox"/> \$125.00	

ADDITIONAL DONATION TO MLSC: \$10.00 \$25.00 \$50.00 \$_____

TOTAL PAYMENT: \$ _____

PLEASE CHECK IF YOU ARE CHANGING YOUR ACTIVE/INACTIVE STATUS () NOTE: A Certificate of Good Standing is required if you are changing from inactive to active status.

*Attention new members admitted in the CNMI: Please include your proof of admission to the practice of law. Evidence of admission is required in order to process your application.

Licensure in other Jurisdictions (if applicable):

State: _____ Date Admitted to Practice: _____ [active] [inactive] [nonmember]

State: _____ Date Admitted to Practice: _____ [active] [inactive] [nonmember]

State: _____ Date Admitted to Practice: _____ [active] [inactive] [nonmember]

I WOULD LIKE THE BAR ASSOCIATION TO PROVIDE MY CONTACT INFORMATION IN RESPONSE TO INQUIRIES REGARDING MY AREAS OF PRACTICE.

Practice Focus:

- | | | | |
|--------------------------|---------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Administrative Law | <input type="checkbox"/> | Health Law |
| <input type="checkbox"/> | Antitrust Law | <input type="checkbox"/> | Immigration Law |
| <input type="checkbox"/> | Banking, Loans and Finance | <input type="checkbox"/> | Intellectual Property Law |
| <input type="checkbox"/> | Business Law | <input type="checkbox"/> | International Law & Practice |
| <input type="checkbox"/> | Collections | <input type="checkbox"/> | Judicial (Courts of Record) |
| <input type="checkbox"/> | Commercial & Federal Litigation | <input type="checkbox"/> | Labor & Employment Law |
| <input type="checkbox"/> | Corporate Counsel | <input type="checkbox"/> | Permitting and Government Relations |
| <input type="checkbox"/> | Criminal Justice | <input type="checkbox"/> | Real Property Law |
| <input type="checkbox"/> | Due Diligence | <input type="checkbox"/> | Tax Law |
| <input type="checkbox"/> | Elder Law | <input type="checkbox"/> | Torts, Insurance & Compensation Law |
| <input type="checkbox"/> | Environmental Law | <input type="checkbox"/> | Trial Lawyers |
| <input type="checkbox"/> | Family Law | <input type="checkbox"/> | Trusts & Estates (Probate) |
| <input type="checkbox"/> | General Practice Law | <input type="checkbox"/> | Other (please specify) _____ |

Currently, I am in the following practice setting:

- | | | | |
|--------------------------|--------------------|--------------------------|---|
| <input type="checkbox"/> | Government-Local | <input type="checkbox"/> | Private Practice |
| <input type="checkbox"/> | Government-Federal | <input type="checkbox"/> | Public Interest |
| <input type="checkbox"/> | In-House Counsel | <input type="checkbox"/> | Retired |
| <input type="checkbox"/> | Judiciary | <input type="checkbox"/> | Sole Practitioner |
| <input type="checkbox"/> | Non-Law Related | <input type="checkbox"/> | Trade/Professional Association Attorney |
| <input type="checkbox"/> | Non-Profit | <input type="checkbox"/> | Unemployed |
| <input type="checkbox"/> | Part-time attorney | <input type="checkbox"/> | Other (please specify) _____ |

I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND COMPLETE.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

PLEASE RETURN THIS FORM WITH CHECK OR MONEY ORDER TO:

“CNMI BAR ASSOCIATION”

P.O. Box 504539, Saipan, MP 96950

Telephone: (670) 235-4529 Facsimile: (670) 235-4528

E-mail: cnmibar@pticom.com