



CNMI BAR ASSOCIATION
P.O. Box 504539, Saipan, MP 96950
Telephone: (670) 235-4529
Email: cnmibar@gmail.com

VIA E-MAIL

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TO: All Members of the CNMI Bar Association

In accordance with Article Six, Section 3 of the by-laws of the CNMI Bar Association, notice is hereby given that your annual membership fees for fiscal year 2019 are on or before **Tuesday, January 1, 2019**.

Article Six, Section 1, with reference to annual membership fees, is included below for your reference:

Section 1. Annual Membership Fees.

A. Active and Limited Active Members. Annual fees are determined by the years of practice since the first bar admission to any jurisdiction. Annual fees for attorneys in public service and government practice are discounted as follows:

<u>Years Since First Bar Admission</u>	<u>Private Practice</u>	<u>Public/Government</u>
<i>0 - 5</i>	<i>\$175.00</i>	<i>\$125.00</i>
<i>6 or more</i>	<i>\$225.00</i>	<i>\$175.00</i>

B. Inactive Members. Annual fees for all inactive members of the Association shall be One-Hundred Twenty-Five Dollars (\$125.00).

C. Earmarking of Fees. Twenty-five dollars (\$25.00) of each member's paid membership fees shall be donated by the Bar Association to the Marianas Office of Micronesian Legal Services to support legal services to the indigent in the CNMI. Provided that no such donation shall be made for a member paying a pro-rated amount for first annual membership.

Please be advised that this notice is being sent solely as a courtesy to you; failure of this notice shall not excuse the non-payment of membership fees by a member by January 1, 2019.

Please make your check payable to CNMI Bar Association and mail it to the address shown above. Credit card payments are not accepted. Also, please do not send cash through the mail. A Membership Form is attached for your convenience and must be filled out completely even if your information has not changed. Please note that a Certificate of Good Standing is required if you are changing your status from inactive to active.

Thank you for your understanding and cooperation.

Sincerely,

Charles E. Brasington
President



CNMI BAR ASSOCIATION MEMBERSHIP FORM

YEAR: _____

FULL NAME: _____ BAR NUMBER: _____
(LAST NAME, FIRST NAME, MIDDLE NAME)

OFFICE/ORGANIZATION: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT NUMBER(S): _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

GENDER: MALE FEMALE NON BINARY OTHER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

JURISDICTION AND DATE OF FIRST BAR ADMISSION: _____

DATE ADMITTED TO THE CNMI BAR ASSOCIATION: _____

DATE OF TEMPORARY ADMISSION TO THE CNMI BAR ASSOCIATION: _____
(FOR GOVERNMENT ATTORNEYS, IF APPLICABLE)

ANNUAL MEMBERSHIP DUES FOR JANUARY 01, 2018 TO DECEMBER 31, 2018

	YEARS SINCE FIRST BAR ADMISSION THROUGH 01/01/2019	PRIVATE PRACTICE	PUBLIC/ GOVERNMENT
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> 0 - 5 YEARS <input type="checkbox"/> 6 OR MORE YEARS	<input type="checkbox"/> \$175.00 <input type="checkbox"/> \$225.00	<input type="checkbox"/> \$125.00 <input type="checkbox"/> \$175.00
<input type="checkbox"/> INACTIVE	<input type="checkbox"/> \$125.00		

ADDITIONAL DONATION TO THE MARIANAS OFFICE OF THE MICRONESIAN LEGAL SERVICES CORPORATION
(OPTIONAL): \$10.00 \$20.00 \$50.00 \$_____

TOTAL PAYMENT: \$ _____

NOTE: A CERTIFICATE OF GOOD STANDING IS REQUIRED IF YOU ARE CHANGING YOUR MEMBERSHIP STATUS FROM INACTIVE TO ACTIVE.

*** FOR NEW MEMBERS ADMITTED IN THE CNMI, PLEASE INCLUDE PROOF OF ADMISSION TO THE PRACTICE OF LAW. EVIDENCE OF ADMISSION IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION. ***

LICENSURE IN OTHER JURISDICTION (IF APPLICABLE):

STATE: _____ DATE ADMITTED TO PRACTICE: _____
MEMBERSHIP STATUS: ACTIVE INACTIVE NON MEMBER

STATE: _____ DATE ADMITTED TO PRACTICE: _____
MEMBERSHIP STATUS: ACTIVE INACTIVE NON MEMBER

STATE: _____ DATE ADMITTED TO PRACTICE: _____
MEMBERSHIP STATUS: ACTIVE INACTIVE NON MEMBER

AREAS OF PRACTICE (PLEASE CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> ADMINISTRATIVE LAW AND REGULATORY PRACTICE | <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"/> BANKRUPTCY | <input type="checkbox"/> INTERNATIONAL LAW |
| <input type="checkbox"/> BUSINESS LAW | <input type="checkbox"/> JUDICIAL (COURTS OF RECORD) |
| <input type="checkbox"/> CASINO LAW | <input type="checkbox"/> LABOR AND EMPLOYMENT LAW |
| <input type="checkbox"/> CIVIL RIGHTS AND SOCIAL JUSTICE | <input type="checkbox"/> LEGAL EDUCATION AND ADMISSION TO THE BAR |
| <input type="checkbox"/> COLLECTIONS | <input type="checkbox"/> LITIGATION |
| <input type="checkbox"/> COMMERCIAL AND FEDERAL LITIGATION | <input type="checkbox"/> PERMITTING AND GOVERNMENT RELATIONS |
| <input type="checkbox"/> CORPORATE COUNSEL | <input type="checkbox"/> PRO BONO |
| <input type="checkbox"/> CRIMINAL JUSTICE | <input type="checkbox"/> REAL PROPERTY, TRUST, AND ESTATE LAW (PROBATE) |
| <input type="checkbox"/> DISPUTE RESOLUTION | <input type="checkbox"/> SCIENCE AND TECHNOLOGY LAW |
| <input type="checkbox"/> DUE DILIGENCE | <input type="checkbox"/> STATE AND LOCAL GOVERNMENT LAW |
| <input type="checkbox"/> ENVIRONMENTAL, ENERGY, AND RESOURCES | <input type="checkbox"/> TAXATION |
| <input type="checkbox"/> ELDER LAW | <input type="checkbox"/> TORT TRIAL AND INSURANCE PRACTICE |
| <input type="checkbox"/> FAMILY LAW | <input type="checkbox"/> TRIAL LAWYERS |
| <input type="checkbox"/> GENERAL PRACTICE LAW | <input type="checkbox"/> VETERANS LAW |

PRACTICE SETTING:

- | | |
|---|--|
| <input type="checkbox"/> GOVERNMENT—CNMI | <input type="checkbox"/> NON-PROFIT ORGANIZATION |
| <input type="checkbox"/> GOVERNMENT—FEDERAL | <input type="checkbox"/> RETIRED |
| <input type="checkbox"/> PRIVATE PRACTICE | <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ |

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

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND COMPLETE.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM **VIA MAIL** WITH CHECK OR MONEY ORDER MADE OUT TO:

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