



Membership Application

Join or Renew now and your membership is good through June 30, 2019

Mr./Ms./Hon./Prof. _____			WSBA # _____	
First	M.I.	Last		
Firm/Organization _____			# of Attys at Firm _____	
Mailing Address _____				
Street	City	State	Zip	
Phone # _____	E-mail _____			Years of Practice _____

Membership Dues Options

- | | |
|---|------|
| <input type="checkbox"/> 0 to 2 Years in Practice | Free |
| <input type="checkbox"/> 3 to 9 Years in Practice | \$50 |
| <input type="checkbox"/> 10+ Years in Practice | \$60 |
| <input type="checkbox"/> Public Sector | \$50 |

Committees

- | | |
|--|---|
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> In-House Counsel |
| <input type="checkbox"/> ADR | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Appellate Practice | <input type="checkbox"/> Local Rules |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Membership |
| <input type="checkbox"/> CLE | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Pro Bono |
| <input type="checkbox"/> Federal Appointments | <input type="checkbox"/> Website - Communications |
| <input type="checkbox"/> Federal Civil Rights Clinic | |

Email Preference

- Yes**, I wish to receive emails with general information, as well as announcements, reminders and updates related to upcoming events from the Federal Bar Association of the Western District of Washington.
- No**, please do not send me emails except reminders about events for which I am already registered.

Payment Information

- Check Enclosed
- Payable to: King County Bar Association/FBA
 Mail to: 1200 5th Avenue, Suite 700
 Seattle, WA 98101

*For all credit card payments, please go online to renew or join: www.fba-wdwash.org.

Questions? Call (206) 267-7057 or Email: FBA@KCBA.org