



MULTNOMAH BAR ASSOCIATION
EST 1906

2010 MBA MEMBERSHIP FORM

Membership Year: January – December

Please submit a form for each member if you are sending payment for more than one individual.

Return with check made payable to:

Multnomah Bar Association

Unit 33

PO Box 4900

Portland, OR 97208-4900

Fax: 503.243.1881 For credit card payment only

Please print clearly below or attach your business card.

Please tell us about your practice so we may serve you better.

Full Name
OSB # (if applicable)
Firm
Business Address
City State Zip
Day Phone Fax
E-mail
Web Site

Please exclude my email address from the MBA's online directory.
Please exclude my contact information from the MBA's online directory.

Your Practice

- Sole Practitioner
Private firm, 2 - 6 members
Private firm, 7 - 19 members
Private firm, 20+ members
Government
In-house/Corporate counsel
Other

Optional Member Demographic Information (for statistical purposes only)

Year admitted to practice law in any jurisdiction: Gender (M or F): Date of Birth (mm/dd/yy):

Law School: Year Graduated:

Ethnic Origin: African American, American Indian/Alaska Native, Asian, Caucasian, Hispanic/Latino, Middle Eastern, Native Hawaiian/Pacific Islander, Mixed, Other

MEMBER CATEGORIES

Table with 3 columns: Category, Amount, and Status. Includes New Admittee, Second Year Member, Regular Member, Retired Member, Associate Member, and Affiliate Member.

OPTIONAL TAX-EXEMPT DONATIONS

Table with 2 columns: Donation Type and Amount. Includes LASO Volunteer Lawyers Project (VLP) and Multnomah Bar Foundation.

TOTAL AMOUNT PAID

PAYMENT INFORMATION

Check, Visa, MasterCard
Acct. #, V-Code, Exp.
Billing Address
Signature

Make checks payable to Multnomah Bar Association