



Membership Form

CONTACT INFORMATION:

Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

Web Address:

PRACTICE INFORMATION:

Bar Number (if applicable):

Practice Areas (please limit to two):

Would you like to be considered as a speaker for CLE panels or author a CLE publication? Yes No

If yes, in what area(s) of expertise?

Languages (other than English):

VOLUNTEER INFORMATION:

I am interested in volunteering for the following OAPABA committees! Please check all that may apply:

- Communication: Writing/Editing E-Newsletter
- Events: Planning OAPABA networking socials and receptions
- Advocacy: Grant Writing/Fundraising and Political/Judicial
- CLE: Help plan continuing legal education seminars
- Awards: Selecting and Evaluating Award Nominees

PAYMENT INFORMATION (Please make checks payable to OAPABA)

- \$50 Attorney, Judge, Other Professional \$25 Low Income Free Law Student
- I would like to make an additional donation to OAPABA in the amount of:

Please complete the information above, and return to:
secretary@oapaba.org or OAPABA, PO Box 1728, Portland, OR 97207