

**Alameda County Bar Association Payment Plan Form:**

A. **Payment Plan:** I would like my membership dues split into monthly payments Please select one of the options below:

- 3 months     6 months     9 months

**B. Please Identify your dues category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Law Student \$30                                 | <input type="checkbox"/> Attorney in practice 1 year \$60    |
| <input type="checkbox"/> New Admittee (less than 1 year in practice) \$30 | <input type="checkbox"/> Attorney in practice 2 years \$90   |
| <input type="checkbox"/> Non-profit or Government Attorney \$175          | <input type="checkbox"/> Attorney in practice 3 years \$150  |
| <input type="checkbox"/> Judicial Officer \$175                           | <input type="checkbox"/> Attorney in practice 4 years \$260  |
| <input type="checkbox"/> Inactive with the State Bar \$175                | <input type="checkbox"/> Attorney in practice 5 years \$295  |
| <input type="checkbox"/> Affiliate (non-attorney) \$435                   | <input type="checkbox"/> Attorney in practice 6 years \$320  |
| <input type="checkbox"/> Gov. Attorney MCLE Pass \$385                    | <input type="checkbox"/> Attorney in practice 7 years \$355  |
| <input type="checkbox"/> Legal Admin/Paraprofessional \$115               | <input type="checkbox"/> Attorney in practice 8 years \$385  |
| <input type="checkbox"/> Non Attorney Mediator \$220                      | <input type="checkbox"/> Attorney in practice 9 years \$395  |
| <input type="checkbox"/> In-House Counsel \$220                           | <input type="checkbox"/> Attorney in practice 10 years \$410 |
|   | <input type="checkbox"/> Attorney in practice 11+years \$435 |

C. **Please identify section dues.** Section Dues are **\$40** each excluding Barristers & Wellness Sections which are free.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> ADR                   | <input type="checkbox"/> Bankruptcy         | <input type="checkbox"/> Business      | <input type="checkbox"/> Cannabis & Hemp |
| <input type="checkbox"/> Criminal              | <input type="checkbox"/> Environmental      | <input type="checkbox"/> Family Law    | <input type="checkbox"/> Immigration     |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Public Entity | <input type="checkbox"/> Real Estate     |
| <input type="checkbox"/> Trust & Estates       | <input type="checkbox"/> Trial Practice     |  |  |

D. **Include LRS or CAAP Panel Dues** (Application must already be approved by program)

- |   |  |
|---|--|
| <input type="checkbox"/> LRS includes 2 practice area panels - <b>\$255</b>   | <input type="checkbox"/> LRS includes 3 practice area panels - <b>\$305</b>  |
| <input type="checkbox"/> CAAP attorney in practice under 5 yrs - <b>\$555</b> | <input type="checkbox"/> CAAP attorney in practice over 5 yrs - <b>\$694</b> |
| <input type="checkbox"/> Non-Members of the ACBA - <b>\$694</b>               | <input type="checkbox"/> Non-Members of the ACBA - <b>\$833</b>              |

E. **Payment Information:**

Type of credit/debit card:     Visa     Mastercard     Discover     American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_ Zip code: \_\_\_\_\_

I authorize the ACBA to charge my credit/debit card for the monthly payment option and dues selected above.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature and date

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_