

VIRGIL HAWKINS FLORIDA CHAPTER NBA

2019-2020 ANNUAL DUES STATEMENT AND MEMBERSHIP APPLICATION



New Member

Renewal

Date: _____

Name:		
Employer/Firm:		Number of Attorneys in Firm:
Address:		
City:		State: Zip Code:
Telephone:	Fax:	E-mail:
Florida Bar Admission Date:		Florida Bar Number:
Other States Admitted to Practice:		
Law School:		
Affiliate Chapter Name:		NBA ID#, if applicable:

AREAS OF PRACTICE

<input type="checkbox"/> ADMINISTRATIVE LAW	<input type="checkbox"/> BANKRUPTCY LAW	<input type="checkbox"/> CIVIL TRIAL ADVOCACY
<input type="checkbox"/> CHILD ADVOCACY	<input type="checkbox"/> COMMERCIAL LAW	<input type="checkbox"/> CRIMINAL LAW
<input type="checkbox"/> ENTERTAINMENT & SPORTS	<input type="checkbox"/> IMMIGRATION LAW	<input type="checkbox"/> MUNICIPAL LAW
<input type="checkbox"/> REAL ESTATE and/or PROBATE LAW	<input type="checkbox"/> LABOR & EMPLOYMENT	<input type="checkbox"/> OTHER: SPECIFY

ANNUAL DUES

LIFE MEMBERSHIP	<input type="checkbox"/> \$1,500.00
JUDICIARY MEMBER	<input type="checkbox"/> \$100.00
NON-GOVERNMENT ATTORNEY (NGA) MEMBER FIVE YEARS AND GREATER (as of date of application)	<input type="checkbox"/> \$100.00
NON-GOVERNMENT ATTORNEY (NGA) MEMBER OF LESS THAN FIVE YEARS (as of date of application)	<input type="checkbox"/> \$50.00
GOVERNMENT ATTORNEY MEMBER	<input type="checkbox"/> \$50.00
LAW STUDENT MEMBERSHIP (currently enrolled in a law school in Florida as a non-LLM student)	<input type="checkbox"/> FREE
NON-ATTORNEY MEMBER	<input type="checkbox"/> \$100.00
DISCOUNT - A member providing proof of paid membership in any VHFCNBA affiliate chapter or the NBA for the current fiscal year of July 1 to June 30 is eligible for a \$10 Discount. Not applicable to Life Membership.	<input type="checkbox"/> -\$10.00
Donation to Virgil Hawkins Justice Foundation forscholarships, if any. (Please make payment by SEPARATE CHECK made payable to "Virgil Hawkins Justice Foundation.")	<input type="checkbox"/> \$_____

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE(S)

<input type="checkbox"/> Membership/Retention	<input type="checkbox"/> Professional Development/CLE	<input type="checkbox"/> NBA Region XI Meeting	<input type="checkbox"/> Sponsorships
<input type="checkbox"/> Legal Clinic	<input type="checkbox"/> Recognition/Necrology	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Long Range Planning

Please mail your check or money order and completed application to: VHFCNBA, P.O. Box 3067, Orlando, FL 32802-3067

(850) 692-8732

Virgil Hawkins Florida Chapter NBA