

**CALIFORNIA INDIAN LAW ASSOCIATION
APPLICATION FOR MEMBERSHIP**

Please send the application and the \$50 annual membership fee (except students and elders for whom membership is free) to: California Indian Law Association, c/o Angela Medrano, 609 S. Escondido Blvd., Escondido, CA 92025. Make checks payable to: California Indian Law Association.

___ Voting Member: A person who has paid dues and who is: (1) a member in good standing of the State Bar of California or admitted to practice before a tribal court in California; (2) a judge, commissioner, referee or justice system personnel in California; (3) a member of the faculty of an accredited law school in the State of California; (4) an elected official, staff or member of an Indian tribe in California, recognized or unrecognized; (5) a resident of the State of California who is a law school graduate, working in a capacity that serves Native American people; or (6) a student attending a law school in the State of California, or a member of a California tribe and attending law school in any state.

___ Associate (nonvoting) Member: A person who has paid dues but is not eligible as a voting member.

Name: _____

Home Address (optional): _____

Phone: (____) _____ Fax: (____) _____

Employer: _____

Business Address: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

Preference for Contact: Work ___ or Home ___

Tribal Affiliation (if applicable): _____

Attorney? ___(Y) ___(N) If "yes," how many years? _____

Area of Practice: _____

Law School Attended/Year Graduated: _____

Courts in Which Admitted to Practice: _____

Bar Association Memberships: _____

Basic contact information for members of CILA (including the member's name, tribal affiliation (if any), employer, work address, e-mail address, website and work phone and fax number(s)) will be made available to the public on the CILA website and elsewhere. Please indicate here with a check if you do not wish your information to be made available to the public. _____.