



Long Island Hispanic Bar Association

P.O. Box 418
Garden City, NY 11530

www.lihba.org

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2019 MEMBERSHIP APPLICATION

NEW MEMBER (attorney) RENEWAL
ASSOCIATE MEMBER (non attorney) RENEWAL JUDGE RETIRED
NAME: _____

EMPLOYER / SCHOOL: _____

ADDRESS: _____

TELEPHONE NO.:(____)_____ FAX NO.:(____)_____

E-MAIL: _____

WEBSITE: _____

AREAS OF PRACTICE: _____

(list them in the order you want displayed on the LIHBA website)

PREFERRED MAILING ADDRESS: (if different from above)

Indicate if you want the above information to appear on our website: yes no

Law School _____ Degree _____

Date admitted to Practice _____

In the State(s) of: _____

Department: _____

Signature: _____

Today's Date: _____

ATTORNEYS: **\$100.00** – also entitles members to join [HNBA](#) at a very reduced fee of \$50.00

JUDGES:- **\$75.00** ASSOCIATE MEMBERS: (non-attorneys) **\$50.00** ; STUDENTS & RETIREEES: **NO FEE;**

SURVEY QUESTIONS (please answer on the back of this form)

1) How can the LIHBA better serve (a) its members and (b) the Hispanic community?

2) What recommendations do you have for increasing member participation?
