



APABAPA
Asian Pacific American Bar Association of Pennsylvania

**MEMBERSHIP APPLICATION FOR THE
ASIAN PACIFIC AMERICAN BAR ASSOCIATION OF PENNSYLVANIA**

APPLICANT INFORMATION

Name: _____

Business Name (or Law School Name if Law Student): _____

Job Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Web Site: _____ Language Fluency: _____

EDUCATIONAL BACKGROUND

Undergraduate School: _____

Year Completed Undergraduate: _____ Undergraduate Degree(s): (Please circle)
BA/AB BS Other

Graduate School: _____

Year Completed Graduate: _____ Undergraduate Degree(s): (Please circle)
MA MS LLM MD PhD Other

Law School: _____

Year Completed Law School: _____

Please continue on to complete application.

OTHER INFORMATION

If you are a member of a non-profit organization, please list those organizations:

Awards and Distinctions: _____

If you wish to be considered for an award that may have certain age-based criteria, such as NAPABA's "Best Under 40", then please enter your birthdate: _____

PRACTICING ATTORNEY QUESTIONS

Practice Areas: _____

Number of Years in Practice? _____

Practice Narrative: _____

MEMBERSHIP FEE

- Admitted to the bar in any U.S. jurisdiction for 3 years or more: \$55.00
- Admitted to the bar in any U.S. jurisdiction for less than 3 years: \$35.00
- Government or Public Interest Attorneys: * \$35.00
- Law student: \$0.00

*Government or public interest attorneys include judges, prosecutors, public defenders, assistant attorneys general, legal services attorneys and attorneys for non-profit groups which qualify as 501(c)(3) organizations.

Please make the check payable to: **APABA-PA**
and mail the completed membership application and check to:

APABA-PA
P.O. Box 60234
Philadelphia, PA 19103