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**2010**  
**MEMBERSHIP FORM**

**PLEASE CHECK ( ) IF THE INFORMATION BELOW IS THE  
SAME AS LAST YEAR (SKIP TO THE NEXT SECTION)**

FULL NAME: \_\_\_\_\_

NAME CHANGE: \_\_\_\_\_  
*(if applicable)*

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

FASCIMILE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SEX: M            DATE OF BIRTH:            PLACE OF BIRTH:

Date of first Bar Admission: \_\_\_\_\_

Date of admission to CNMI Bar Association: \_\_\_\_\_

Date of temporary admission to CNMI Bar Association \_\_\_\_\_  
(Government Attorneys, if applicable)

**Annual Membership Dues (January 1, 2010 to December 31, 2010)**

- |   |   |                                   |                                   |
|---|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> <b><u>ACTIVE</u></b>   | Years since first bar<br>admission (thru 1/01/09) | Regular Dues                      | Public Services<br>Lawyer Dues    |
|   | 0 – 5   | <input type="checkbox"/> \$175.00 | <input type="checkbox"/> \$125.00 |
|   | 6 or more   | <input type="checkbox"/> \$225.00 | <input type="checkbox"/> \$175.00 |
| <input type="checkbox"/> <b><u>INACTIVE</u></b> |   | <input type="checkbox"/> \$125.00 |                                   |

**\*Attention new members admitted in the CNMI:** Please include your proof of admission to the practice of law. Evidence of admission is required in order to process your application.

**Licensure in other Jurisdictions (if applicable):**

State: \_\_\_\_\_ Date Admitted to Practice: \_\_\_\_\_ [active] [inactive] [nonmember]

State: \_\_\_\_\_ Date Admitted to Practice: \_\_\_\_\_ [active] [inactive] [nonmember]

State: \_\_\_\_\_ Date Admitted to Practice: \_\_\_\_\_ [active] [inactive] [nonmember]

**I WOULD LIKE THE BAR ASSOCIATION TO PROVIDE MY CONTACT INFORMATION IN RESPONSE TO INQUIRIES REGARDING MY AREAS OF PRACTICE.**

*Practice Focus:*

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Law              | <input type="checkbox"/> Health Law                          |
| <input type="checkbox"/> Antitrust Law                   | <input type="checkbox"/> Immigration Law                     |
| <input type="checkbox"/> Banking, Loans and Finance      | <input type="checkbox"/> Intellectual Property Law           |
| <input type="checkbox"/> Business Law                    | <input type="checkbox"/> International Law & Practice        |
| <input type="checkbox"/> Collections                     | <input type="checkbox"/> Judicial (Courts of Record)         |
| <input type="checkbox"/> Commercial & Federal Litigation | <input type="checkbox"/> Labor & Employment Law              |
| <input type="checkbox"/> Corporate Counsel               | <input type="checkbox"/> Permitting and Government Relations |
| <input type="checkbox"/> Criminal Justice                | <input type="checkbox"/> Real Property Law                   |
| <input type="checkbox"/> Due Diligence                   | <input type="checkbox"/> Tax Law                             |
| <input type="checkbox"/> Elder Law                       | <input type="checkbox"/> Torts, Insurance & Compensation Law |
| <input type="checkbox"/> Environmental Law               | <input type="checkbox"/> Trial Lawyers                       |
| <input type="checkbox"/> Family Law                      | <input type="checkbox"/> Trusts & Estates (Probate)          |
| <input type="checkbox"/> General Practice Law            | <input type="checkbox"/> Other (please specify) _____        |

*Currently, I am in the following practice setting:*

- |   |  |
|---|--|
| <input type="checkbox"/> Government-Local   | <input type="checkbox"/> Private Practice                        |
| <input type="checkbox"/> Government-Federal | <input type="checkbox"/> Public Interest                         |
| <input type="checkbox"/> In-House Counsel   | <input type="checkbox"/> Retired                                 |
| <input type="checkbox"/> Judiciary          | <input type="checkbox"/> Sole Practitioner                       |
| <input type="checkbox"/> Non-Law Related    | <input type="checkbox"/> Trade/Professional Association Attorney |
| <input type="checkbox"/> Non-Profit         | <input type="checkbox"/> Unemployed                              |
| <input type="checkbox"/> Part-time attorney | <input type="checkbox"/> Other (please specify) _____            |

**I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND COMPLETE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH CHECK OR MONEY ORDER TO:**

**“CNMI BAR ASSOCIATION”**

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E-mail: cnmibar@pticom.com