



F. Malcolm Cunningham, Sr. Bar Association

P.O. Box 153, West Palm Beach, FL 33402

Membership Application* & Dues Statement

Date: _____ Renewal _____ New _____

Please complete this form in its entirety to ensure we have accurate information.

- *Name: _____
- *Email: _____ FL Bar # _____
- *Firm/Company: _____
- *Address: _____
- *Telephone: _____ *Fax: _____ Cell _____
- *Area(s) of Practice: _____
- *FL Bar Certification: _____ FL or Fed Bar Boards _____
- *Other Professional Licenses or Titles: _____
- *Include: Photo _____ *CV / Bio Included _____ *Web Address _____
- *Interests & Talents willing to enhance FMCSBA & others: _____

List all courts presently admitted to practice & give dates of admission:

_____	_____
_____	_____
_____	_____

** Please note the above application information will be included on our member directory. Please email CV/Bio and photo for the member directory to fmcsbarassoc@gmail.com*

*******SELECT ONE OR MORE COMMITTEE(S) ON WHICH YOU WILL ACTIVELY SERVE*******

- | | |
|----------------------------------|---------------------------------|
| _____ Education / Scholarship | _____ Public/ Community Service |
| _____ Newsletter | _____ Social Networking |
| _____ Continuing Legal Education | _____ Young Lawyers Section |
| _____ Student Moot/Mock Team | _____ Membership |
| _____ Diversity Action | |

DUES STATEMENT

To ensure proper credit, this statement must be returned with your payment.

- | | |
|-----------------------------------|----------------------------------|
| _____ Private Practice (\$75) | _____ Judiciary/Paralegal (\$35) |
| _____ Government/Legal Aid (\$50) | _____ Legal Affiliate (\$50) |

Pre-Paid with PayPal on date _____ Confirmation #: _____

Make Check Payable to: F. Malcolm Cunningham, Sr. Bar Association (or FMCSBA)

Give Application & Payment to FMCSBA Board member or Mail to: P.O. Box 153, West Palm Beach, FL 33402

For office use only:

Date Received _____ Received By: _____ Check No.: _____ PayPal: _____ Other: _____