



OR COMPLETE ONLINE AT www.spokanebar.org

MEMBERSHIP FORM 2024-2025

PERSONAL INFORMATION

Your Name	WSBA #
Firm Name	WSBA Admit Date
Birthdate	Other State License
Email	Phone #
Full Mailing Address	
Physical Address – if different from mailing address	

OPPORTUNITIES

Circle all that interest you

- | | | | | |
|--------------------------------------|--|-------------------------------|---|---------------------------|
| <i>Volunteer VLP</i> | <i>Volunteer SCBA</i> | <i>Diversity Section</i> | <i>Family Law Section</i> | <i>Indian Law Section</i> |
| <i>Intellectual Property Section</i> | <i>Solo & Small Practice Section (\$15/year)</i> | <i>Young Lawyers Division</i> | <i>Elder, Disability, Estate Planning (\$25/year)</i> | |

MEMBERSHIP DUES & DONATIONS

GENERAL MEMBERSHIP by Admittance to any State Bar	After 12/31/23	gratis	
	Before 12/31/23	181	
OTHER MEMBERSHIP	Government/ Public Service	131	
	Associate – attorneys without a Spokane County residence/office	113	
	Court Clerk, LLLTs	113	
	Registered Paralegal	63	
	Law School Student	15	
	Honorary – Judge or attorney with inactive WSBA license	Gratis	
ADD-ONS	Elder, Disability, Estate Planning Section <i>(optional)</i>	25	
	Solo & Small Practice Section <i>(optional)</i>	15	
	CLE Passport	275	
	Courthouse Security Access Badge	75	
DONATIONS Optional to affiliate nonprofit organizations	SCBA Volunteer Lawyers Program	\$	
	Carl Maxey Scholarship	\$	

TOTAL: _____
Thank you!

Mail Form and Payment to:
Spokane County Bar Association, 1116 W Broadway, 4th Floor Annex, Spokane, WA 99260