

**South Asian Bar Association (SABA) of Sacramento
2017 Membership Application**

Personal and Professional Contact Information

Name:		
Employer:		
Mailing Address:		
Work Phone:	Home Phone:	Cell Phone:
E-Mail Address:		

Bar Admissions/Law School

Year Admitted to CA Bar:	State Bar Number:
Law School Attended/Attending:	Year of Graduation:
Areas of Practice/Interest:	

Other Information

Foreign Language(s) Spoken:
Member of Sacramento County Bar Association? Yes/No

Membership Dues

Please make checks payable to **“SABA of Sacramento”**

- Attorney \$40
- Law Student \$20

Signature: _____ Date: _____

Please mail this form and your check to:

**Kishwer Vikaas Barrica
P.O. Box 661294
Sacramento, CA 95866**