

**Alameda County Bar Association Payment Plan Form:**

A. **Payment Plan:** I would like my membership dues split into monthly payments Please select one of the options below:

- 3 months     6 months     9 months

**B. Please Identify your dues category:**

- |  |  |
|--|--|
| <input type="checkbox"/> Law Student \$25                            | <input type="checkbox"/> Attorney in practice 4 years \$220  |
| <input type="checkbox"/> New Admittee (less than 1 year in practice) | <input type="checkbox"/> Attorney in practice 5 years \$250  |
| <input type="checkbox"/> Non profit or Government Attorney \$150     | <input type="checkbox"/> Attorney in practice 6 years \$275  |
| <input type="checkbox"/> Judicial Officer \$150                      | <input type="checkbox"/> Attorney in practice 7 years \$305  |
| <input type="checkbox"/> Inactive with the State Bar \$150           | <input type="checkbox"/> Attorney in practice 8 years \$330  |
| <input type="checkbox"/> Affiliate (non attorney) \$370              | <input type="checkbox"/> Attorney in practice 9 years \$340  |
| <input type="checkbox"/> Attorney in practice 1 year \$50            | <input type="checkbox"/> Attorney in practice 10 years \$350 |
| <input type="checkbox"/> Attorney in practice 2 years \$75           | <input type="checkbox"/> Attorney in practice 11+years \$370 |
| <input type="checkbox"/> Attorney in practice 3 years \$125          |  |

C. **Please identify section dues.** Section Dues are \$40 each excluding Barristers & Wellness Sections which are free.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> ADR                   | <input type="checkbox"/> Bankruptcy         | <input type="checkbox"/> Business      | <input type="checkbox"/> Cannabis & Hemp |
| <input type="checkbox"/> Criminal              | <input type="checkbox"/> Environmental      | <input type="checkbox"/> Family Law    | <input type="checkbox"/> Immigration     |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Public Entity | <input type="checkbox"/> Real Estate     |
| <input type="checkbox"/> Trust & Estates       | <input type="checkbox"/> Trial Practice     |  |  |

D. **Include LRS or CAAP Panel Dues** (Application must already be approved by program)

- LRS includes 2 practice area panels \$233     LRS includes 3 practice area panels \$283  
 CAAP attorney in practice under 5 yrs \$508     CAAP attorney in practice over 5 yrs \$636

**E. Payment Information:**

Type of credit/debit card:     Visa     Mastercard     Discover     American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_ Zip code: \_\_\_\_\_

I authorize the ACBA to charge my credit/debit card for the monthly payment option and dues selected above.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature and date

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit completed forms, and/or questions to the ACBA Deputy Director at [hadassah@acbanet.org](mailto:hadassah@acbanet.org) or call (510) 302-2200.