



Bay Area Black Prosecutors Association

“Affiliate of the National Black Prosecutors Association”

Membership Application

Name _____

Office Name _____

Address _____

City, State, Zip _____

Email: _____

Office Phone _____

Cell Phone _____

Please Choose One of the Categories Below:

- | | |
|--|---------------|
| _____ 1. Regular Member (Local DA, AUSA, AG, City Attorney) | \$50.00 |
| _____ 2. Regular Member (member of California Bar less than a year) | Complimentary |
| _____ 3. Associate Member (Out of State Prosecutor) | \$50.00 |
| _____ 4. Student (enrolled in law school) | Complimentary |
| _____ 5. Sustaining Member (law firm, professional legal corp.) | \$300.00 |
| _____ 6. Retired Prosecutor | \$50.00 |
| _____ 7. Life Member (individual member, one-time fee payable in 4 installments) | \$1,000.00 |

I would like to make a contribution to the BABPA Student Achievement Scholarship fund.
Enclosed is my check in the amount of \$ _____, made payable to the BABPA.

Total amount enclosed (check payable to BABPA): \$ _____

I am interested in working with the following committees (choose no more than 3):

- | | |
|------------------------------------|-----------------------------------|
| _____ Training and Education/MCLE | _____ Member Services |
| _____ Media Relations/Social Media | _____ Programs/Planning |
| _____ Know Your Rights | _____ Young Prosecutors |
| _____ Member Recruitment | _____ Finance/Treasurer Assistant |

All members should return this form to ensure your status as an active member, including Life Members. If you have correction/updates to your address/phone/email, please indicate on this form.