

NMHBA Membership Application

General Information

Name: _____
Firm/Organization/Law School: _____
Mailing Address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____
Date Admitted to Bar/Anticipated Graduation Date: _____
Areas of Practice (Optional): _____

Membership Information

Membership Interests (indicate all that apply):

- Networking
- Mentorship
- CLEs
- Community Outreach
- Other: _____

Are you interested in joining an NMHBA Committee?

- Yes
- No

If yes, what initiatives and efforts would you be interested in helping with through our committees?

Payment Information

Membership Dues Category:

- Lifetime membership (\$600)
- Attorney admitted to practice 11+ years (\$85 yearly)
- Attorney admitted to practice 6-10 years (\$60 yearly)
- Attorney admitted to practice 0-5 years (\$30 yearly)
- Current Law Student (Free)

Note: Attorneys employed by the government or a non-profit organization may deduct 20% from their dues when paying by check only.

Additional Donation: \$ _____

Total Paid: \$ _____

Method:

- Check by Mail
- PayPal

Signature

Date

Submit your application to New Mexico Hispanic Bar Association c/o State Bar of New Mexico, 5121 Masthead NE, Albuquerque, NM 87109