

VIRGIL HAWKINS FLORIDA CHAPTER NBA
2011-2012 ANNUAL DUES STATEMENT AND
MEMBERSHIP APPLICATION

New Member Renewal

Name:	
Employer/Firm:	Number of attorneys in firm:
Address:	
City/State/Zip code:	
Telephone:	Fax:
Email address:	
Florida Bar admission date:	
Other States admitted to:	
Law school:	
Affiliate chapter name:	

Areas of Practice:

- Administrative Bankruptcy Civil trial advocacy Child Advocacy
 Commercial law Criminal law Entertainment & sports Family law
 Immigration law Real Estate & probate law Municipal law
 Labor & employment Other: Please specify: _____

Annual Dues (Make payable to "Virgil Hawkins Florida Chapter NBA")

- | | |
|--|----------|
| <input type="checkbox"/> Newly admitted Florida bar member
(Two fiscal years maximum limit) | NO DUES |
| <input type="checkbox"/> Law Student (Graduation date: _____) | NO DUES |
| <input type="checkbox"/> Associate member | \$ 50.00 |
| <input type="checkbox"/> Admitted to practice 5 years or less | \$ 50.00 |
| <input type="checkbox"/> Admitted to practice more than 5 years | \$100.00 |
| <input type="checkbox"/> Voluntary contribution to the Virgil Hawkins Justice Foundation for scholarships in the amount of \$_____. (Please make payment by separate check made payable to "Virgil Hawkins Justice Foundation.") | |

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE(S):

- | | |
|--|---|
| <input type="checkbox"/> Membership/Retention | <input type="checkbox"/> Professional Development/CLE |
| <input type="checkbox"/> Financing/Investment | <input type="checkbox"/> Long Range Planning |
| <input type="checkbox"/> Recognition/Necrology | <input type="checkbox"/> Communications |

Please mail your check or money order and completed application to
VHFCNBA, P.O. Box 15279, Tallahassee, FL 32317.