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P O BOX 968
GLENDALE, CA 91209-
0968

TELE: 818-956-1633
FAX: 818-956-1985
E-MAIL:
info@glendalebar.com

Administrator: Faye Golden

APPLICATION FOR MEMBERSHIP

Attorney ___ / Student ___

Name: _____

Business Address: _____

(Street/Suite No.)

(City)

(State)

(Zip Code)

Telephone: _____ Fax # _____

E-Mail Address: _____ Website: _____

Firm Name/Law School: _____

Partner ___ Associate ___ Other ___ (Describe) _____

Date of First Admission to California State Bar: _____

Active ___ State Bar Number: _____ Admitted in Other States: _____

Optional Information for Membership Directory (Members Only):

Professional Organizations: _____

Law School: _____ Year Graduated: _____ Degree: _____

Undergraduate School: _____ Year Graduated: _____ Degree: _____

Foreign Language Proficiency: _____

Practice Areas: _____

Interest in Bar Activities: Yes ___/No ___ Please contact me: Yes ___/No ___

Enclosed is my annual dues:

General Membership: \$175 _____

Government Attorneys: \$150 _____

Law Students: \$35 _____

I hereby authorize the Glendale Bar Association to contact me about GBA news and activities by Mail ___/Fax ___/eMail _____

Attorneys Only: ___ I hereby certify that I am a current member in good standing of the California State Bar.

Date: _____

By _____

(Signature)