

# SAGINAW COUNTY BAR ASSOCIATION

PLEASE RETURN FORM DUE: January 1, 2023

2023 SCBA MEMBERSHIP  
& RENEWAL FORM

Please check here if any contact information is new

Name \_\_\_\_\_ P Number \_\_\_\_\_

Firm Name (or Retired) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## MEMBERSHIP DUES

- First Year in Practice \$35.00
- Regular \$120.00
- Over 70 years of age \$35.00
- SBM Emeritus (free)

## THE SUMMONS MAILED SUBSCRIPTION \$20.00

(all members receive digital copy with membership)

\$ \_\_\_\_\_ **REMEMBER YOUR PRO BONO COMMITMENT.** Let us know what you contributed so LSEM can give you credit. Your Financial Donation stays in Saginaw County but should be made payable to: **Access to Justice.**

## \$ \_\_\_\_\_ FOP (\$5.00 for 3, each addition \$5.00)

### FIELD OF PRACTICE (Please circle/highlight)

(\$5.00 for up to three categories. Each additional category \$5.00)

ADOPTION	CRIMINAL LAW	LICENSE RESTORATION
AGRICULTURAL LAW	DISABILITY	LITIGATION
ANIMAL LAW	DISCRIMINATION	MEDICAID/MEDICARE
APPELLATE PRACTICE	DIVORCE	MICHIGAN NO-FAULT
AUTOMOBILE ACCIDENT	DRUNK DRIVING DEFENSE	MUNICIPAL LAW
BANKRUPTCY	ELDER LAW & ADVOCACY	PERSONAL INJURY
BUSINESS LAW	FAMILY LAW	PROBATE & ESTATE
BUSINESS SUCCESSION PLANNING	FEDERAL EMPLOYMENT LAW	REAL ESTATE
CHILDREN'S LAW	FEDERAL PRACTICE	REAL PROPERTY
CIVIL RIGHTS	GENERAL PRACTICE	SOCIAL SECURITY
COLLECTIONS/CLAIM & DELIVERY	GUARDIANSHIP/CONSERVATORSHIP	SPECIAL NEEDS PLANNING
COMMERCIAL LAW	HEALTH CARE	TRUSTS, ESTATES & WILLS
CONDOMINIUM LAW	IMMIGRATION & NATURALIZATION	WORKER'S COMPENSATION
CONSTITUTIONAL LAW	INSURANCE	WRONGFUL DEATH
CONSTRUCTION LAW	JUVENILE LAW	WRONGFUL DISCHARGE
CONTRACTS	LABOR & EMPLOYMENT	ZONING, PLANNING, & LAND USE
CORPORATE LAW	LANDLORD/TENANT	

### PAYMENT METHODS:

1.  Check Payment: Please make checks payable to: SAGINAW COUNTY BAR ASSOCIATION  
Mailing Address: SCBA, 111 S. Michigan Ave., Saginaw, MI 48602

2.  Charge Card Payment: Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing address for card (street, city, state, zip) \_\_\_\_\_

**(Please remember to email or mail the completed form to SCBA)**

OFFICE USE ONLY: Date Received \_\_\_\_\_ Amount \_\_\_\_\_ CC/check # \_\_\_\_\_