

SAGINAW COUNTY BAR ASSOCIATION

PLEASE RETURN FORM AND PAYMENT BY: JANUARY 1, 2025

2025 SCBA MEMBERSHIP
& RENEWAL FORM

Please check here if contact information changed

Name _____ P Number _____

Firm Name (or Retired) _____

Mailing Address _____ Cell Phone _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

MEMBERSHIP DUES

First Year in Practice \$75.00

Regular \$150.00

Over 70 years of age \$50.00

SBM Emeritus (Free)

FOP \$ _____

RULE 21 ADMINISTRATOR'S NAME:

Donation for the Law Day Fund in the amount of \$ _____.

FOP (\$10.00 for 3, each additional category \$10.00)

FIELD OF PRACTICE (Please circle/highlight)

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

YOUR PRO BONO COMMITMENT. (Financial donation in the amount of \$ _____ paid directly to Access to Justice).

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 _____

Email for card: _____

Billing address for card (street, city, state, zip) _____

(Email or mail the completed form to SCBA at 111 S Michigan Ave, Saginaw 48602. scba@saginawcounty.com)