



# Puerto Rican Bar Association of Florida, Inc.

www.prbaflorida.org

## APPLICATION FOR MEMBERSHIP

The PRBAFL membership year runs from January 1<sup>st</sup> through December 31<sup>st</sup>.

Thank you for your membership and manifesting in genuine interest in, or sympathy with, the purposes of the Puerto Rican Bar of Florida, Inc. (PRBAFL).

Choose One: \_\_\_ New Member or \_\_\_ Renewal

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization (Firm Name): \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm website: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### **MEMBERSHIP TYPES: (Please Check One)**

#### **Regular Member:**

\_\_\_\_\_ Florida Attorney - (\$120)

\_\_\_\_\_ Florida Government or Public Interest Attorney (\$100)

#### **Associate Member:**

\_\_\_\_\_ Attorney outside of Florida (\$100)

### **NON-ATTORNEY MEMBERSHIPS:**

#### **Law Student Member:**

\_\_\_\_\_ Law Student (\$5)

\_\_\_\_\_ Law school graduate that has been qualified and ready to sit for the Florida State Bar Exam

#### **Affiliate Member: (\$100)**

\_\_\_\_\_ (paralegals, legal assistants, law office administrators, legal secretaries, court personnel, bar association staff, and law school administrators/professors)

#### **Ally Member: (\$100)**

\_\_\_\_\_ (Non-Attorney Mediators and Arbitrators, Certified Public Accountants, Private Investigators, Court Reporters, Educators, Consultants, and Vendors.)

### **OTHER:**

**Honorary Member:** \_\_\_\_\_ By Nomination Only. Please email the PRBAFL for more information: [info.prbaflorida@gmail.com](mailto:info.prbaflorida@gmail.com)

(\*Please complete only ONE of the sections below based on the membership for which you are applying)

### **TO BE COMPLETED BY ATTORNEYS AND JUDICIARY FOR MEMBERSHIP:**

\*Must be a member in good standing with the FL Bar and all other jurisdictions

FL Bar No: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ County in which you practice: \_\_\_\_\_

Other State Bars (provide dates of admissions): \_\_\_\_\_

Law School: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Year: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Year: \_\_\_\_\_

Major(s): \_\_\_\_\_

Area(s) of Practice/Interest: \_\_\_\_\_

I \_\_\_\_\_ certify that I am a member in good standing with the Florida Bar and any other Attorney governing/regulating body, if licensed in any other jurisdiction.

**STUDENTS**  
**TO BE COMPLETED FOR NON-ATTORNEY MEMBERSHIP:**

Accredited Law School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Year: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Year: \_\_\_\_\_  
Major(s): \_\_\_\_\_

Area(s) of Practice/Interest: \_\_\_\_\_

If you are a law school graduate and have been qualified and ready to sit for the Florida State Bar Exam, provide date of examination:  
\_\_\_\_\_.

I \_\_\_\_\_ certify that I am a student currently enrolled in an accredited law school, or  
I am a law school graduate and am qualified and ready to sit for the Florida State Bar Exam.

**AFFILIATE MEMBER**  
**TO BE COMPLETED FOR NON-ATTORNEY MEMBERSHIP:**

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_.

Graduate School: \_\_\_\_\_ Year: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Year: \_\_\_\_\_  
Major(s): \_\_\_\_\_

In accordance with the PRBAFL, an Affiliate member is a non-lawyer whose primary occupation is directly or indirectly involved with the practice of law. An Affiliate member must have an active Florida attorney nominate and certify as to the applicant's professional standing and qualifications such as having manifested a genuine interest in, or sympathy with, the purposes of this Corporation.

**By submitting this application, I certify that I am non-lawyer whose primary occupation is directly or indirectly involved with the practice of law.**

Please provide the PRBAFL Nominating Florida Attorney Member Contact Information:

Name: \_\_\_\_\_ . FL Bar # \_\_\_\_\_.

Email: \_\_\_\_\_ . Phone number: \_\_\_\_\_.

**ALLY MEMBER**  
**TO BE COMPLETED FOR NON-ATTORNEY MEMBERSHIP:**

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_.

Graduate School: \_\_\_\_\_ Year: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Year: \_\_\_\_\_  
Major(s): \_\_\_\_\_

In accordance with the PRBAFL, an Ally Member is a non-lawyer who provides ancillary goods or services to attorneys or the legal profession. Any person who wishes to become an Ally member of the organization shall have an active Florida attorney nominate and certify that the non-lawyer provides ancillary goods or services to attorneys or the legal profession.

**By submitting this application, I certify that I am non-lawyer who provides ancillary goods or services to attorneys or the legal profession.**

Please provide the PRBAFL Nominating Florida Attorney Member Contact Information:

Name: \_\_\_\_\_ . FL Bar # \_\_\_\_\_ .

Email: \_\_\_\_\_ . Phone number: \_\_\_\_\_ .

**TO BE COMPLETED BY ALL MEMBERSHIP APPLICANTS:**

I give permission to include my contact and practice area information in all directories including online directories.   Yes   No

Please circle the committee(s) you would be interested in being a member of: (\*Please note that some committees may not be currently active.)

Annual Gala	CLE	CLE for PR	Community Relations & Marketing	Events & Planning	Fundraising
Governance	Membership	Mentoring	Voter Registration	Other: Moot Court	
Judiciary	President Liaison				

Do you know of any other attorneys who might be interested in the PR Bar?

Name: \_\_\_\_\_ Tel/E-mail: \_\_\_\_\_

Is there anything else you wish to share with the PRBAFL in consideration of your members?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I attest that the information given on this form is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

How do you wish to pay for your membership Dues:

Payment Information:   Check    PayPal (PRBAF Website)   Please bill my credit card (signed authorization enclosed)

**Please make check payable to *Puerto Rican Bar Association of Florida, Inc.*, and mail it, along with this completed form to: Attention: Puerto Rican Bar Association, Inc., c/o Joel A. Montilla, Esq., 37 N. Orange Ave., Suite 500, Orlando, Florida 32801, or send via email to [info.prbaflorida@gmail.com](mailto:info.prbaflorida@gmail.com).**

**(The PRBAFL membership year runs from January 1<sup>st</sup> through December 31<sup>st</sup>. If interested in more information, please contact the PRBA via email to [info.prbaflorida@gmail.com](mailto:info.prbaflorida@gmail.com).)**

Thank you for choosing the Puerto Rican Bar of Florida, Inc. (PRBAFL)!

## Credit Card Authorization Form

**\*Please complete all fields. You may cancel this authorization at any time by contacting us in writing at info.prbaflorida@gmail.com. This authorization will remain in effect until cancelled.**

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Billing Address (*include billing zip code): _____ _____
<b>Amount to be charged: \$</b> _____

I, \_\_\_\_\_, being the authorized cardholder or the Corporate Officer, by signing below authorize the Puerto Rican Bar of Florida, Inc. (PRBAFL) to charge my credit card above for agreed upon membership purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_   
Customer Signature

\_\_\_\_\_   
Date

## Third Party Credit Card Authorization Form

**\*Please complete all fields. You may cancel this authorization at any time by contacting us in writing at info.prbaflorida@gmail.com. This authorization will remain in effect until cancelled.**

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Billing Address (*include billing zip code): _____ _____ _____
<b>Amount to be charged: \$</b> _____

I, \_\_\_\_\_, authorize by signing below the Puerto Rican Bar of Florida, Inc. (PRBAFL) to charge my credit card above. I understand I am paying the PRBAFL on behalf of \_\_\_\_\_ for membership purchase.

I understand that my information will be saved to file for future transactions on my account. I understand I will receive no direct benefit from this transaction, or legal services provided, if any. I also understand I am waiving my right to dispute this charge with my bank for claims of purchases/services not received by cardholder or another similar claim of non-service.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date



