

SHASTA-TRINITY COUNTIES BAR ASSOCIATION

2025 Membership Renewal/Application

*NAME: _____ STATE BAR #: _____

FIRM NAME: _____

ADDRESS: _____

WK TELEPHONE: _____ FAX NUMBER: _____

**EMAIL ADDRESS: _____

***A majority of the communications from the STCBA are sent by e-mail.*

Annual Membership Dues

General Membership..... \$50.00

Public Entity \$25.00

***If you are renewing for more than one person in your firm, please list each additional name, their CA State Bar number, and email address in the space provided below:**

Name: _____ Bar #: _____

Name: _____ Bar #: _____

Email: _____

Email: _____

Name: _____ Bar #: _____

Name: _____ Bar #: _____

Email: _____

Email: _____

Name: _____ Bar #: _____

Name: _____ Bar #: _____

Email: _____

Email: _____

Total Amount of Check: \$ _____

Please return this form with check to:

Shasta-Trinity Counties Bar Association
P.O. Box 991874
Redding, CA 96099-1874

Please make checks payable to: "Shasta-Trinity Counties Bar Association" or "STCBA"