



# Membership Form

## Consumer Lawyers of Hawaii 2004

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Website: www.clh.org • E-mail: director@clh.org

**Renewing Membership**       **New Application**

Name:  Mr.     Ms. \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Date Admitted to Hawaii Bar \_\_\_\_\_ State Bar # \_\_\_\_\_

**Areas of Litigation Practice:** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Auto Accident | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Military                        |
| <input type="checkbox"/> Appeals       | <input type="checkbox"/> Landlord /Tenant      | <input type="checkbox"/> Personal Injury/ Wrongful Death |
| <input type="checkbox"/> Aviation      | <input type="checkbox"/> Maritime              | <input type="checkbox"/> Premises Liability              |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Mediation/Arbitration | <input type="checkbox"/> Product Liability               |
| <input type="checkbox"/> Employment    | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Professional Malpractice        |

**Additional Areas of Practice:** (check all that apply)

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Family Law      | <input type="checkbox"/> Divorce      | <input type="checkbox"/> Bankruptcy/Financial |
| <input type="checkbox"/> Estates & Wills | <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Business Law         |
| <input type="checkbox"/> Real Estate     | <input type="checkbox"/> Immigration  | <input type="checkbox"/> Environmental        |
| <input type="checkbox"/> ADA             | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____          |

**Annual Dues: Full Membership:**

(See signature requirement below for qualifications of Full Membership)

**New to CLH** (never a CLH member) \$ 600 1st year (\$50 per month)

**5 yrs or less in practice ...** \$ 600 per year (\$50 per month)

**6 Years + in practice .....** \$ 1,200 per year (\$100 per month)

(Membership runs Jan-Dec.)

**Payment Plans:**

\$ 100 (\$50 for new or >5 yr members) per mo. (credit card draft monthly)

\$ 300 (\$150 for new or >5 yr members) per qtr. (credit card draft quarterly)

**Student Membership:** \$ 50 per year

**Support our Legislative Lobbying and Educational work, please consider joining at a higher level, and help protect the rights of Hawaii's people.**

- |                         |           |
|-------------------------|-----------|
| <b>Amicus</b>           | \$ 2,500  |
| <b>Advocate</b>         | \$ 5,000  |
| <b>Fellow</b>           | \$ 10,000 |
| <b>Benefactor</b>       | \$ 15,000 |
| <b>President's Club</b> | \$ 25,000 |

(set payment terms below if needed)

I certify by signing below that I am admitted to the bar in the State of Hawaii, and that I predominately represent plaintiffs, claimants or injured persons in my tort practice and predominately represent accused persons in criminal matters, and further certify that I shall fully and faithfully abide by the Code of Ethics and ByLaws of the Consumer Lawyers of Hawaii which are now or shall hereinafter be in effect

Signature for Full Membership Application \_\_\_\_\_

**Payment Options**

**Payment:**  Monthly     Quarterly     In Full    **By:**  Check     VISA     MasterCard     Amex     Discover

**PLEASE INCLUDE:**  \$25     \$50     \$\_\_\_\_ **Monthly to the CLH-PAC** other pymt instructions \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \$ Amount \_\_\_\_\_

Signature as it appears on card: \_\_\_\_\_