



## Oregon Filipino American Lawyers Association (OFALA) Membership Application Form

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **PRACTICE INFORMATION:**

Bar Number (if applicable): \_\_\_\_\_

Firm/Organization Name (if applicable): \_\_\_\_\_

Practice Areas (please limit to two): \_\_\_\_\_

Would you like to be considered as a speaker for CLE panels or author a CLE publication?

Yes  No If yes, in what area(s) of expertise? \_\_\_\_\_

Languages (other than English): \_\_\_\_\_

### **OFALA DIRECTORY:**

Would you like to be included in OFALA's website lawyer directory? Yes \_\_\_\_ No \_\_\_\_ If yes, please fill out attached form and return with payment information.

### **PAYMENT INFORMATION** *(Please make checks payable to OFALA)*

- \$50 Attorney, Judge, Other Professional
- \$90 OFALA/OAPABA Joint Membership
- \$25 Low Income
- Free Law Student
- I would like to make an additional donation to OFALA in the amount of: \_\_\_\_\_

Please complete the information above and email to [Contact@OregonFALA.org](mailto:Contact@OregonFALA.org); payment can be made through PayPal ([www.oregonfala.org/members](http://www.oregonfala.org/members)). Alternatively, form may be returned along with check to: Katrina Durek, OFALA Secretary, PO Box 5702, Portland, OR 97228.

# OFALA Directory Information

## Basics

Name	Organization	Practice Area(s)	Language(s)

## Member Profile Details:

Membership Level	
First Name	
Last Name	
Employer/Organization	
Email	
Phone (work)	

## Personal Information:

Job Title	
Website	

## Contact Data:

Address	
City	
Province/State	
Postal Code	

## Member Information:

Practice Area(s)	
Law School Attended (Graduation Year)	
Undergraduate School (Graduation Year)	
Where in the Philippines is your family from?	