Hawaii State Bar Association

Affiliate Membership Application Form

Membership dues: ***$105.00 Make Check to: Hawaii State Bar Association***

Lawyers licensed and in good standing in other States shall be entitled to become affiliate members of the Hawaii State Bar Association upon payment of such dues as shall be prescribed from time to time by the Board of Directors. Affiliate members shall not be entitled to practice law in this State or to vote or hold office in the Bar Association, but shall be entitled to such other privileges as the Board shall prescribe from time to time. Affiliate members shall not advertise or hold themselves out as members of the Hawaii Bar, nor shall they use or knowingly permit the use of their affiliate membership status in any directory or law list for the purpose of soliciting or obtaining business or financial advantage. Violation of this rule by an affiliate member shall be grounds for suspension or revocation of such member's affiliate membership status [Hawaii State Bar Association Constitution and Bylaws Article III (e)].

Name: _____ _____ _____
First- no initials **Middle – no initials** **Last**

Social Security Number : _____- _____ - _____ **Date of Birth:** _____
The Office of Disciplinary Counsel requires the HSBA to collect SSN information for its administrative and investigative purposes.

Member Information

Business Address
_____
_____
_____
_____
Phone: _____
Fax : _____
Email Address: _____@_____

Communication Address **Preferred Mailing and E-Mail (REQUIRED HSBA use only)**
_____
_____
_____
_____
Phone: _____ _____
Fax : _____
Email Address: _____@_____

Service of Process Street Address **(REQUIRED by Disc. Counsel)**
_____
_____
_____
_____
Phone: _____
Fax : _____

Residential Street Address **(REQUIRED by Disciplinary Counsel - Confidential)**
_____
_____
_____
_____
Phone: _____
Fax : _____

LICENSE(S) IN OTHER JURISDICTIONS : (Please attach additional sheet if necessary)
License Number : _____ **Jurisdiction/State:** _____ **Date of Admission:** _____ **Status :** _____
License Number : _____ **Jurisdiction/State:** _____ **Date of Admission:** _____ **Status :** _____

DISCIPLINARY ACTION:
During 2017 have you been subject to, or received, any professional discipline as the result of a disciplinary investigation or formal proceeding in any jurisdiction other than Hawaii?

☐ **Yes** Please mail a copy of the disciplinary action or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813.

☐ **No**

CRIMINAL OFFENSES:
During 2017 have you been convicted of any criminal offenses in any jurisdiction, excluding offenses classified as petty misdemeanors, violations or infractions under Hawai'i law?

☐ **Yes** Please mail a copy of the disciplinary action or order to the Office of Disciplinary Counsel, 201 Merchant Street, Suite 1600, Honolulu, HI 96813.

☐ **No**

I have read the above and certify that the information above is current and correct.
SIGNATURE: _____ DATE **:** _____