



2021 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 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 Full 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 2020 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 2020 have you been convicted of any criminal offenses in any jurisdiction, excluding offenses classified as petty misdemeanors, violations or infractions under Hawaii 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 : _____

PAYMENT BY:

[] AmEx [] MC [] VISA [] DISCOVER [] CHECK # _____ Amount _____

Cardholder Name (Print) _____ Cardholder Signature: _____

Account #: _____ Exp. Date : _____

Billing Address: _____