



## Associate Member Directory Listing

**Name:**

**Address:**

**Telephone Number:**

**Amount Enclosed:**

Please **mark your choice(s)** on the following list, and return this form (to the address shown at the bottom of this page) with your payment. Cost is \$50 for the first practice area and \$40 for each additional practice area for the same associate.

|                          |  |                          |                             |
|--------------------------|--|--------------------------|-----------------------------|
| <input type="checkbox"/> | California Licensed Professional Fiduciary | <input type="checkbox"/> | Certified Public Accountant |
| <input type="checkbox"/> | Court Interpreter                          | <input type="checkbox"/> | Event Coordinator           |
| <input type="checkbox"/> | Geriatric Care Manager                     | <input type="checkbox"/> | Investment Advisor          |
| <input type="checkbox"/> | Law Firm Consultant                        | <input type="checkbox"/> | Paralegal                   |
| <input type="checkbox"/> | Private Investigator                       | <input type="checkbox"/> | Real Estate Broker          |

|                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Other (Write in) _____ |
|--------------------------|------------------------|

**Return form and check to:**  
**SMCBA**  
**Attn: 2022 Pictorial Directory**  
 333 Bradford Street, Suite 150  
 Redwood City, CA 94063