



# The State Bar of California

OFFICE OF ADMISSIONS

180 Howard Street, San Francisco, CA 94105 Tel: (415)538-2120 E-mail: [legalspec@calbar.ca.gov](mailto:legalspec@calbar.ca.gov)

## Legal Specialization Brochure Order Form

### 1. MAILING INFORMATION

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 2. SPECIALTY AREA

<input type="checkbox"/>	Admiralty & Maritime Law
<input type="checkbox"/>	Appellate Law
<input type="checkbox"/>	Bankruptcy Law
<input type="checkbox"/>	Criminal Law
<input type="checkbox"/>	Estate Planning, Trust & Probate Law
<input type="checkbox"/>	Family Law
<input type="checkbox"/>	Franchise & Distribution Law
<input type="checkbox"/>	Immigration & Nationality Law
<input type="checkbox"/>	Legal Malpractice Law
<input type="checkbox"/>	Taxation Law
<input type="checkbox"/>	Workers' Compensation Law

### 3. ORDER INFORMATION

TOTAL NUMBER OF SETS (100 brochures per set)	_____
x FEE PER BROCHURE SET	_____
<b>*SUB TOTAL</b>	_____

Please allow 4-6 weeks for processing.

### 4. PAYMENT INFORMATION

*\*For credit card payments, a processing fee of 2.5% will be added to all charges. There is no processing fee associated with payments by check.*

#### CHECK

Please make checks payable to "The State Bar of California"

= TOTAL \_\_\_\_\_

#### CREDIT CARD\*

I authorize the State Bar to charge applicable credit card processing fees

\_\_\_\_\_ + **2.5 % fee** = TOTAL \_\_\_\_\_  
 (Sub Total)

Credit Card Number: \_\_\_\_\_

Credit Card Security Code: Credit \_\_\_\_\_ Expiration Date (Month/Year): \_\_\_\_\_

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Name on Card (print legibly): \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa, MasterCard, Discover, or American Express account for the amount listed in the 'total' box above.

### 5. SUBMISSION INFORMATION

**MAIL FORM TO:** The State Bar of California Department of Legal Specialization  
180 Howard Street San Francisco, CA 94105-1617

**FAX FORM TO:** (415)538-2180