



SDDL PARALEGAL APPLICATION

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Fees:

Paralegals \$75.00/year*

The association's dues year
runs from January 1 to December 31

By this application I am:

___ applying for new membership

* The SDDL Paralegal Membership allows you
entry to all SDDL Continuing Education Events
Only.

Please make check payable to: **San Diego Defense Lawyers** and mail with application to:

San Diego Defense Lawyers
Membership Director
P.O. Box 124890
San Diego, CA 92112
Email: sandiegodefenselawyers@gmail.com