



**2021 APPLICATION FOR MEMBERSHIP**

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FULL NAME: \_\_\_\_\_ STATE BAR NO. \_\_\_\_\_

\_\_\_\_\_  
FIRM NAME/JUDGESHIP LOCATION/GOVERNMENT ENTITY

\_\_\_\_\_  
ADDRESS (PLEASE INCLUDE THE COURTROOM IF YOU ARE A JUDGE)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

OFFICE PHONE NO. \_\_\_\_\_

MOBILE PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GENERAL AREAS OF PRACTICE: \_\_\_\_\_

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*\*\* Please include a \$35 check for the annual membership fee and make the check payable to "KCLA."  
\*\*Please mail the signed application along with the dues to: Korean Community Lawyers Association at the above address.*