

## New Member Benefit Provider Application

2300 Clayton Road., Suite 520, Concord, CA 9	94520   925-686-690	00   www.cccba.org   S	Send completed form to CCCBA Communications Director: clucido@cccba.org	
Submission Date			Category of your Business or Service:  Please choose the category that most closely reflects the goods or services you provide (see current categories on our website at https://www.cccba.org/member-center/member-benefits/).	
Provider Name			, , , , , , , , , , , , , , , , ,	
MBP Program Contact Person		Email	Category	
Address			Website	
City	State	Zip	Phone	
INFORMATION FOR PUBL	ICATION on t	he Website and i	in the January Issue of the Contra Costa Lawyer Magazine	
Person that CCCBA members should	contact		Website	
Telephone			Email	
☐ My logo is attached. (Acc	•			
LEVEL OF MEMBER BENEF		· · · · · · · · · · · · · · · · · · ·		
Regular Level Member  Will be listed on the CCCBA v  I agree to offer CCCBA men	website and in th	ne January issue o	of the Contra Costa Lawyer magazine (without a logo). vailable to the general public.	
☐ Premium Member Ben	efit Provider			
Lawyer magazine (with logo).	Premium MBPs	will also be publi	ABP medallion and in the January issue of the Contra Costa icized to CCCBA members over social media and email blasts.  with a minimum commitment of \$750 for:	
<ul> <li>Advertising (Contra Costa Lawyer magazine – online or print; weekly email broadcasts to membership; membership directory) See the Advertising Kit online at https://www.cccba.org/cclawyer-magazine/.</li> <li>Event Sponsorship (MCLE Spectacular, BAR FUND Fundraiser, Diversity events, other CCCBA event sponsorships)</li> <li>Affiliate Memberships (minimum of 3) (not applicable for attorney members)</li> <li>Affinity Program: Please explain:</li> </ul>				
I have read and agree to the	CCCBA Member	r Benefit Provider	•	
Date:Signature:			CCCBA Communications Director di	
Jigiiulore.			CCCBA Rev 3-24-21	