

Brooklyn Women's Bar Association

2019 – 2020 Membership Application

Name: _____

Business Affiliation: _____

Renewing Member

Mailing Address: _____

New Member

Telephone: Work () _____ Fax () _____ Cell () _____

E-mail: _____

If you are member of another WBASNY chapter, do you wish BWBA to be your primary chapter **YES**

Dues: Check off the appropriate box and mail your application and check payable to the "BWBA" to: BWBA, 123 Remsen Street, Brooklyn, NY 11201

\$175 and above are sustaining members**	\$70 retired attorneys or retired judges
\$125 attorneys or judges admitted prior to 6/1/2015	\$50 secondary WBASNY chapter
\$85 newly admitted attorneys (admitted after 6/1/2015)*	free to law student members (chapter member only)
Firm Membership (10 Attorneys): \$1000. Each additional attorney at \$100	

*law school graduates pending admission to the bar or those admitted to the bar in 2015 or later

** sustaining members are those who contribute a minimum of \$50 to the BWBA in excess of their annual dues

Committee Assignment: Please check the committees that interest you below:

Annual Dinner	Bias, Discrimination & Diversity	Breast Cancer Awareness
By-Laws	Centennial	CLE & Events
Commercial Law	Criminal Law	Domestic Violence
Film Festival	Finance & Fund Raising	International Women's Rights
Legislation	Long Range Planning	Matrimonial Law
Membership, Mentoring & Pipeline	Social Media	Trusts & Estates
Working Parents	Young Lawyers	

Practice Areas: Please check up to 5 to be listed in the WBASNY directory of members:

<input type="checkbox"/> Academia/Legal Education	<input type="checkbox"/> Employee Benefits/ERISA	<input type="checkbox"/> Litigation (Civil/Commercial)
<input type="checkbox"/> Administrative Law/Regulatory	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Litigation (Legal Malpractice)
<input type="checkbox"/> Admiralty	<input type="checkbox"/> Environmental	<input type="checkbox"/> Litigation (Medical Malpractice)
<input type="checkbox"/> Adoption	<input type="checkbox"/> Ethics/Attorney Discipline	<input type="checkbox"/> Litigation Negligence/Torts/Products Liability
<input type="checkbox"/> Antitrust & Trade Regulation	<input type="checkbox"/> Family	<input type="checkbox"/> Matrimonial
<input type="checkbox"/> Appellate Practice	<input type="checkbox"/> Federal Practice	<input type="checkbox"/> Not-for-Profit Corporations
<input type="checkbox"/> Banking/Bonds	<input type="checkbox"/> General Practice	<input type="checkbox"/> Public Interest
<input type="checkbox"/> Bankruptcy/Creditors' Rights	<input type="checkbox"/> Government	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Collections	<input type="checkbox"/> Health	<input type="checkbox"/> Securities
<input type="checkbox"/> Communications & Advertising	<input type="checkbox"/> Immigration	<input type="checkbox"/> Social Security/Medicare
<input type="checkbox"/> Constitutional	<input type="checkbox"/> Insurance	<input type="checkbox"/> Tax
<input type="checkbox"/> Corporate/Commercial	<input type="checkbox"/> Intellectual Property (Copyright/Trademark/Patent)	<input type="checkbox"/> Technology
<input type="checkbox"/> Criminal	<input type="checkbox"/> International	<input type="checkbox"/> Utilities
<input type="checkbox"/> Discrimination/Civil Rights	<input type="checkbox"/> Judiciary	<input type="checkbox"/> Wills/Trusts/Estates
<input type="checkbox"/> Dispute Resolution: Arbitration, Collaborative Law, Mediation	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Workers' Compensation/Disability
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Education	<input type="checkbox"/> Land Use/Zoning/Condemnation	
<input type="checkbox"/> Elder/Guardianship/Medicaid	<input type="checkbox"/> Legislation	

Signature: Check off the appropriate box and sign below:

I am a member in good standing of the bar of the State of New York and
 I was admitted to practice in the _____ Department in _____ (mo/yr)
 I am a member in good standing of the bar of the State of _____ and
 I was admitted to practice in _____ (mo/yr)
 I am a law student at _____ and expect to graduate _____

SIGNATURE: _____ DATE: _____