

Brooklyn Women's Bar Association 2020 – 2021 Membership Application

Name: _____

Business Affiliation: _____

Renewing Member
 New Member

Mailing Address: _____

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 6/1/2016	\$50 secondary WBASNY chapter
\$85 newly admitted attorneys (admitted after 6/1/2016) *	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 2016 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	Annual Dinner Journal	Bias, Discrimination & Diversity
Breast Cancer Awareness	By-Laws	CLE & Programs
Community Service	Criminal Law	Domestic Violence
Finance & Fund Raising	International Women's Rights	Legislation
Long Range Planning	Matrimonial Law	Membership
Mentoring & Mentorship Circle	Newsletter	Social Media
Solo & Small Business	Trusts & Estates	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"/> Administrative Law/Regulatory <input type="checkbox"/> Admiralty <input type="checkbox"/> Adoption <input type="checkbox"/> Antitrust & Trade Regulation <input type="checkbox"/> Appellate Practice <input type="checkbox"/> Banking/Bonds <input type="checkbox"/> Bankruptcy/Creditors' Rights <input type="checkbox"/> Collections <input type="checkbox"/> Communications & Advertising <input type="checkbox"/> Constitutional <input type="checkbox"/> Corporate/Commercial <input type="checkbox"/> Criminal <input type="checkbox"/> Discrimination/Civil Rights <input type="checkbox"/> Dispute Resolution: Arbitration, Collaborative Law, Mediation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Education <input type="checkbox"/> Elder/Guardianship/Medicaid	<input type="checkbox"/> Employee Benefits/ERISA <input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental <input type="checkbox"/> Ethics/Attorney Discipline <input type="checkbox"/> Family <input type="checkbox"/> Federal Practice <input type="checkbox"/> General Practice <input type="checkbox"/> Government <input type="checkbox"/> Health <input type="checkbox"/> Immigration <input type="checkbox"/> Insurance <input type="checkbox"/> Intellectual Property (Copyright/Trademark/Patent) <input type="checkbox"/> International <input type="checkbox"/> Judiciary <input type="checkbox"/> Labor & Employment <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Land Use/Zoning/Condemnation <input type="checkbox"/> Legislation	<input type="checkbox"/> Litigation (Civil/Commercial) <input type="checkbox"/> Litigation (Legal Malpractice) <input type="checkbox"/> Litigation (Medical Malpractice) <input type="checkbox"/> Litigation Negligence/Torts/Products Liability <input type="checkbox"/> Matrimonial <input type="checkbox"/> Not-for-Profit Corporations <input type="checkbox"/> Public Interest <input type="checkbox"/> Real Estate <input type="checkbox"/> Securities <input type="checkbox"/> Social Security/Medicare <input type="checkbox"/> Tax <input type="checkbox"/> Technology <input type="checkbox"/> Utilities <input type="checkbox"/> Wills/Trusts/Estates <input type="checkbox"/> Workers' Compensation/Disability <input type="checkbox"/> Other _____
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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: _____