



MEMBERSHIP APPLICATION

NAME _____

COMPANY/FIRM _____

AREA OF PRACTICE _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

BEST CONTACT NUMBER _____

BEST EMAIL _____

DUES: \$25.00

I would like to serve on the following committee(s):

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> CLE | <input type="checkbox"/> Awards Breakfast | <input type="checkbox"/> Bylaws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Respect Yourself | <input type="checkbox"/> Newsletter/Publicity | <input type="checkbox"/> WLD Retreat | <input type="checkbox"/> International |
| <input type="checkbox"/> Supreme Court Swearing-in | <input type="checkbox"/> Social Media | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Branding |

Please make check or money order payable to NBA Women's Lawyers Division and mail to:

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Mary Melchor, NBA WLD Treasurer, Contact information:

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