

2016- 2017
MEMBERSHIP APPLICATION
ROCKLAND COUNTY WOMEN'S BAR ASSOCIATION

A Chapter of the Women's Bar Association of the State of New York

Name: _____
Address: _____

Please make your check payable to:
Rockland County Women's Bar Association

Return Completed form and dues to:
Bridget M. Casey, Esq.
151 South Main Street
New City, New York 10956

Phone: _____
Fax: _____
E-Mail: _____

MEMBERSHIP DUES*
Attorneys (all).....\$90.00
Law School Grads - up to 1 yr. after grad.....\$50.00
Law Students.....\$35.00

2016-2017 CONSIDER SUSTAINING MEMBERSHIP

Your sustaining Membership demonstrates your commitment to the important work of RCWBA and supports our efforts to provide CLE, networking and service opportunities to our members and members of the Rockland County Community.

() YES! I'd like to become a Sustaining Member of RCWBA. Enclosed is my check for \$125 for Sustaining Membership for 2016-2017

*** Note: membership dues entitle you to membership in both the Rockland County Women's Bar Association and the Women's Bar Association of the State of New York.**

I am interested in the following committees or programs:

- | | |
|---|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Charitable Walks |
| <input type="checkbox"/> CLE | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Holiday Party | <input type="checkbox"/> Installation & Awards Dinner/Journal |
| <input type="checkbox"/> Judicial Reception | <input type="checkbox"/> Heart Health Event |
| <input type="checkbox"/> Website/Technology | <input type="checkbox"/> Membership |

Are you a member of another WBASNY chapter? If so, please state what chapter: _____

Do you wish to have your professional information listed in the RCWBA and WBASNY directories?

(Home addresses and telephone numbers *will not* be listed in the directory unless that is the *only* address/number given.)

() Yes () No

I affirm that I am:

- () a member in good standing of the bar of the State of New York
() a law school graduate, awaiting admission to the Bar. Date of Graduation: _____
() engaged in the study of law
() retired from the Practice of Law in Good Standing

Signature: _____ Date: _____

SEE NEXT PAGE for Areas of Concentration

AREAS OF CONCENTRATION

1. Please choose **five or less**.
2. **To comply with WBASNY format, rank in order of primary concentration with #1 being main practice area, #2 being secondary practice area, ETC**

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