

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

Phone: _____
 Fax: _____
 Email: _____

Return completed form and dues to:
Sally A. Muir, Esq.
98 Tallman Avenue
Nyack, NY 10960

Would you prefer all mailings sent to you via email?
 YES NO

Areas of concentration: _____

| | MEMBERSHIP | DUES* |
|--------------------------------|------------|---------|
| Attorneys (all)----- | | \$85.00 |
| Law School Grads | | |
| (up to 1 yr. After grad.)----- | | \$45.00 |
| Law Students----- | | \$30.00 |

*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

REQUEST FOR COMMITTEE SERVICE 2007 - 2008

(*By appointment only)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Programs/CLE | <input type="checkbox"/> Membership | <input type="checkbox"/> Domestic Violence (| <input type="checkbox"/> Annual Journal |
| <input type="checkbox"/> Essay Competition | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Matrimonial Law | <input type="checkbox"/> Judicial Screening* |
| <input type="checkbox"/> Poster Competition | <input type="checkbox"/> Publicity | <input type="checkbox"/> Commercial Law | <input type="checkbox"/> Long Range |
| <input type="checkbox"/> Clothing Drive | <input type="checkbox"/> Web Page Design | <input type="checkbox"/> Gender Fairness | Planning & Budget * |
| <input type="checkbox"/> Breast Cancer Alert | <input type="checkbox"/> By-Laws | <input type="checkbox"/> Awards Committee | <input type="checkbox"/> Nominations* |

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 member in good standing of the bar of the State of _____
 a law school graduate awaiting admission to the Bar. Date of Graduation: __ __
 engaged in the study of law

Signature:

Date