

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:
Sally A. Muir, Esq.
98 Tallman Avenue
Nyack, NY 10960

Phone: _____
Fax: _____
Email: _____

MEMBERSHIP DUES*

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

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

Areas of concentration: _____

NEW FOR 2009-2010: 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 2009-2010.

*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 2009 - 2010

(*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