



WOMEN LAWYERS ASSOCIATION OF MICHIGAN MEMBERSHIP APPLICATION

Return this form with payment to:

Women Lawyers Association of Michigan
120 N. Washington Sq., Suite 110A
Lansing, MI 48933
Tel 517.372.3320 | Fax 517.371.1170
Website www.womenlawyers.org

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WLAM MAILING AND DIRECTORY ADDRESS

☐ Hon. ☐ Ref. ☐ Mag.

Name: _____

Firm: _____

Address: _____

City: _____

State: _____ Zip: _____

☐ New ☐ Renewing

Join or renew online at www.womenlawyers.org

Phone: _____

Date Admitted to MI Bar: _____ P#: _____

Other State(s) of Admittance: _____

Email: _____

☐ I do not want my information listed in the online directory

MEMBERSHIP CATEGORY AND REGION

Membership Category

- | | Dues Amount |
|--|-------------|
| <input type="checkbox"/> Attorney: Sustaining Member | \$200 |
| <input type="checkbox"/> Attorney: More than 5 yrs in practice | \$125 |
| <input type="checkbox"/> Attorney: 1-5 yrs in practice | \$75 |
| <input type="checkbox"/> Attorney: Government/Non-Profit/Judiciary | \$50 |
| <input type="checkbox"/> Attorney: Retiree | \$25 |
| <input type="checkbox"/> Unlicensed JD | \$100 |
| <input type="checkbox"/> Paralegal | \$40 |
| <input type="checkbox"/> Law Student | \$25 |

Expected Grad. Date: _____ / _____ (Month/Year)

Law School

Your alma mater or current admission: _____

Region Choice

Your membership includes joint membership in the region of your choice. Additional regional memberships are \$25 each.

My Primary Region is: _____

I would like to join the following additional regions:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Great Lakes Bay | <input type="checkbox"/> Macomb | <input type="checkbox"/> Mid-Michigan |
| <input type="checkbox"/> Oakland WBA | <input type="checkbox"/> Tip of the Mitt (Northern) | |
| <input type="checkbox"/> Washtenaw | <input type="checkbox"/> Wayne | <input type="checkbox"/> Western |

For questions about the regions, please contact us at 517.372.3320 or through our website at www.womenlawyers.org

DIRECTORY AND LAWYER LISTING SERVICE (Select up to three)

Judges

- ☐ Supreme Court
- ☐ Court of Appeals
- ☐ Circuit Court
- ☐ Family Court
- ☐ District Court
- ☐ Probate Court
- ☐ Tribal Court
- ☐ Magistrate
- ☐ Referee
- ☐ Other _____

Attorneys

- ☐ Administrative
- ☐ Antitrust
- ☐ Appellate

- ☐ Banking
- ☐ Bankruptcy
- ☐ Civil Rights
- ☐ Collections
- ☐ Commercial
- ☐ Computer Law
- ☐ Corporate
- ☐ Criminal
- ☐ Disability
- ☐ Drunk Driving
- ☐ Education
- ☐ Employee Benefits
- ☐ Employment – Defendant
- ☐ Employment – Plaintiff
- ☐ Entertainment

- ☐ Environmental Law
- ☐ Estate Planning
- ☐ Family Law
- ☐ Gaming
- ☐ General Civil
- ☐ Health Law
- ☐ Immigration
- ☐ Insurance – Defendant
- ☐ Insurance – Plaintiff
- ☐ Juvenile
- ☐ Labor – Union
- ☐ Medical Malpractice – Defen.
- ☐ Medical Malpractice – Plaintiff
- ☐ Mediation
- ☐ Licensed Patent Attorney

- ☐ Personal Injury – Defendant
- ☐ Personal Injury – Plaintiff
- ☐ Probate
- ☐ Real Estate
- ☐ Sexual Harassment – Defendant
- ☐ Sexual Harassment – Plaintiff
- ☐ Social Security
- ☐ Taxation
- ☐ Trademark/Copyright Law
- ☐ Tribal
- ☐ Workers' Compensation
- ☐ Wills/Trusts
- ☐ Other: _____
- ☐ Alternative Career: _____

WLAM FOUNDATION

We encourage you to consider a donation to the WLAM Foundation

Your donation supports outstanding women law students in Michigan who show leadership in advancing the position of women in society through our annual scholarship program. Contributions to the WLAM Foundation, a separate 501 c(3) charitable organization, are tax deductible as charitable contributions for federal income tax purposes. Please retain a copy of this dues statement for your tax records.

☐ Yes, I would like to support the WLAM Foundation

☐ \$100 ☐ \$50 ☐ \$25 ☐ Another Amount: _____

PAYMENT

☐ Check Enclosed, Payable to WLAM

☐ Visa ☐ Master Card ☐ Discover ☐ Amex

WLAM Dues \$ _____

Additional Regions \$ _____

WLAM Foundation Gift \$ _____

Total Payment \$ _____

Card Number _____

Expiration _____

Security Code _____

Billing Zip Code _____

Email (to confirm receipt) _____