



## WOMEN LAWYERS ASSOCIATION OF MICHIGAN ASSOCIATION Unemployment/Financial Hardship Dues Program Application Form

Phone: (517) 372-3320 or Email: [info@womenlawyers.org](mailto:info@womenlawyers.org)

My current financial/employment situation qualifies me for the following:

- ☐ **Unemployed and/or Financial Hardship:** One-time only 50% dues rate reduction (applied to current membership year) for attorneys or paralegals who have lost their jobs in the last 12 months and are still unemployed or are currently experiencing a financial hardship (*i.e.*, Attorneys more than 5 yrs in practice \$62.50; Attorneys 1- 5 yrs in practice \$37.50, Paralegals \$20).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please select your region:

- ☐ Great Lakes Bay  
☐ Macomb  
☐ Mid-Michigan  
☐ Oakland (Women's Bar Association)  
☐ Tip of the Mitt (Northern)  
☐ Washtenaw  
☐ Wayne  
☐ Western

Your reduced rate will be in effect for the period beginning: \_\_\_\_\_ and ending: \_\_\_\_\_.

This letter serves as confirmation that you have agreed to pay \$\_\_\_\_\_ for your WLAM Membership Dues for this period.

To activate this program, please sign and return this form to the address below. The standard dues rates will continue to be applied to your membership until we receive your application. Please complete all fields below:

Member Name: \_\_\_\_\_ MI Bar Number: P# \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please select your payment method: Payment: ☐ Check (enclosed) ☐ Visa ☐ MasterCard ☐ Amex

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on Credit Card [please print clearly]: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

MAIL/EMAIL FORM TO:

WLAM – Membership Services  
120 N. Washington Square, Ste. 110A  
Lansing, Michigan 48933  
[info@womenlawyers.org](mailto:info@womenlawyers.org)