

Women's Bar Association of the State of New York

WBASNY



Western New York Chapter

Local voice. Statewide impact.

MEMBERSHIP APPLICATION/RENEWAL FORM (June 1, 2019 - May 31, 2020)

CONTACT & PROFESSIONAL INFORMATION

Name _____

Employer _____ Business Phone _____

Business Address _____ City/State/Zip _____

Email _____ Cell Phone _____

Home Address: _____ City/State/Zip _____

Please check your preferred mailing address: ☐ Business ☐ Home

- ☐ I am a member in good standing of the bar of the State of New York.
- ☐ I am a member in good standing of the bar of the State of _____
- What Law School did you attend? _____ Graduation Year: _____
- When were you admitted to practice (MM/YY)? _____
- ☐ I am not yet admitted to the bar of any state.
- I plan to take the bar exam of the State of _____ in (MM/YY) _____
- ☐ I am a law student at _____ expected to graduate in (MM/YY) _____

Please indicate up to five of your areas of concentration using the list below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academia/Legal Education | <input type="checkbox"/> Environmental | <input type="checkbox"/> Matrimonial/Family Law |
| <input type="checkbox"/> Administrative Law/Regulatory | <input type="checkbox"/> Ethics/Attorney Discipline | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Appellate Practice | <input type="checkbox"/> Government/Legislation | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Bankruptcy/Foreclosure | <input type="checkbox"/> Health | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Immigration | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Commercial Law/Litigation | <input type="checkbox"/> Insurance Defense Litigation | <input type="checkbox"/> Social Security/Medicare |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Discrimination/Civil Rights | <input type="checkbox"/> International | <input type="checkbox"/> Trusts/Estates |
| <input type="checkbox"/> Dispute Resolution/Arbitration | <input type="checkbox"/> Judiciary | <input type="checkbox"/> Workers Comp/Disability |
| <input type="checkbox"/> Education Law | <input type="checkbox"/> Labor & Employment | |
| <input type="checkbox"/> Elder/Guardianship/Medicaid | <input type="checkbox"/> Landlord/Tenant | |
| <input type="checkbox"/> Employee Benefits/ERISA | <input type="checkbox"/> Land Use/Zoning | |
| <input type="checkbox"/> Entertainment/Advertising | <input type="checkbox"/> Medical Malpractice | |

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CHAPTER PARTICIPATION & COMMUNICATION

Participation is vital to the success of our organization, and so we encourage you to share your time, energy, and talents with us. Please indicate your interest in one or more of the following committees:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Employment Law | <input type="checkbox"/> Legislative | <input type="checkbox"/> Pro Bono |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Family Law | <input type="checkbox"/> Long Range Planning | <input type="checkbox"/> Programs (CLE/Social) |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Corporate Counsel | <input type="checkbox"/> Gender Bias | <input type="checkbox"/> New Lawyers | <input type="checkbox"/> Non-Profit & Public Sector |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Geographic Outreach | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website & Social Media |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> JALBCA | <input type="checkbox"/> Nominations | <input type="checkbox"/> Working Parents |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Judiciary | | |

Visit <http://www.wbasnywny.org/committees> for a complete list of committees with descriptions.

MEMBERSHIP DUES & SIGNATURE

Please select your membership status: ☐ New Member ☐ Renewal

Please select a membership level:	TOTAL REMITTED \$ _____
<input type="checkbox"/> Student Membership \$25/year <i>Does not include state-level WBASNY membership.</i>	<input type="checkbox"/> Credit Card payment: https://squareup.com/store/wbasny_wnychapter
<input type="checkbox"/> Starting Membership \$85/year <i>For attorneys admitted 5 years or fewer.</i>	<input type="checkbox"/> Check payable to "WNY Chapter WBASNY" and mail with this completed/signed application to:
<input type="checkbox"/> Standing Membership \$110/year <i>For attorneys admitted more than 5 years.</i>	WNY Chapter of WBASNY PO Box 1012 Niagara Square Station Buffalo, NY 14201-1012
<input type="checkbox"/> Sustaining Membership \$225/year <i>Includes one ticket to the Annual Installation of Officers & Awards Ceremony</i>	
<input type="checkbox"/> Voluntary Contribution: _____	<i>If you have any questions, please email:</i> wbasnywny@ymail.com

WBASNY WNY is committed to providing access to membership benefits to attorneys in the Western New York legal community. We have a small number of reduced price memberships available for individuals who demonstrate financial need. Please contact us at contact@wbasnywny.org if you would like to apply for a reduced price membership. All inquiries will be kept confidential.

Signature: _____ Date: _____