

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, 2020 - May 31, 2021)

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"/> Criminal Law | <input type="checkbox"/> Gender Bias | <input type="checkbox"/> Membership | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Geographic Outreach | <input type="checkbox"/> New Lawyers | <input type="checkbox"/> Working Parents |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Judiciary Ratings | <input type="checkbox"/> Pro Bono | |
| <input type="checkbox"/> Employment Law | <input type="checkbox"/> Legislative | <input type="checkbox"/> Programs (CLE/Social) | |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Non-Profit & Public Sector | |

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

What is most important to you as a member?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Networking | <input type="checkbox"/> CLEs/Programs | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Legislative/Public Policy Issues | |

MEMBERSHIP DUES & SIGNATURE

Please select your membership status: ☐ New Member ☐ Renewal

Please select a membership level:

- | | |
|--|-------------------|
| <input type="checkbox"/> Student Membership | \$25/year |
| <i>Does not include state-level WBASNY membership.</i> | |
| <input type="checkbox"/> Starting Membership | \$85/year |
| <i>For attorneys admitted 5 years or fewer.</i> | |
| <input type="checkbox"/> Standing Membership | \$110/year |
| <i>For attorneys admitted more than 5 years.</i> | |
| <input type="checkbox"/> Sustaining Membership | \$225/year |
| <input type="checkbox"/> Voluntary Contribution: _____ | |

TOTAL REMITTED \$ _____

- ☐ Credit Card payment:
<https://wbasny-wnychapter.square.site/>
- ☐ Check payable to "WNY Chapter WBASNY" and mail with this completed/signed application to:
- WNY Chapter of WBASNY**
PO Box 1012
Niagara Square Station
Buffalo, NY 14201-1012

If you have any questions, please email:
contact@wbasnywny.org

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: _____